

A workforce in crisis?

The UK nursing labour market
review 2015



Royal College
of Nursing

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1. Introduction and commentary

This report provides a review of the UK nursing labour market, looking at recent data and trends for nursing staff working in the health sector across the UK, drawing out differences and similarities across the four UK countries. The review uses national data sets to estimate the size, shape and composition of the nursing workforce. The review covers:

- the UK nursing workforce across the whole UK economy
- Nursing and Midwifery Council registrants
- the nursing workforce in NHS England, Scotland Wales and in health and social care, Northern Ireland
- nursing earnings
- pre-registration education.

Last year's Labour Market Review described the impact of the culmination of years of short-term workforce planning, pay restraint and lack of focus on workforce retention. It painted a dismal picture of nursing shortages, recruitment drives in Europe, increased use of agency staff, the degradation of specialist and senior nursing as well as worsening workload, morale and stress levels. This year's 12-month review of developments affecting nursing shows a further deterioration in the key factors necessary for planning a sustainable workforce.

The most dramatic manifestation of failures in workforce planning has been the huge growth in the use of and resources allocated to agency nursing, across both the NHS and the independent sector. The RCN *Frontline First* report *Runaway Agency Spending* published in February 2015 projected that spending on agency nursing staff would reach £980 million in England alone by the end of 2014-15.¹ There is also growing reliance on agency staffing in social care, particularly in residential and nursing care homes as they face challenges in recruiting and retaining nursing staff and meet regulatory requirements and quality standards. With little reliable data on the number of nursing vacancies in the NHS or social care, this growing reliance on agency staffing is a clear indicator of problems with workforce supply.

While some agency nurse capacity is necessary to cover unplanned absences and vacancies and meet unexpected spikes in demand, reliance on agency staff is not just costly, but can result in lack of continuity and less effective teamwork which can have a significant impact on patient care, as acknowledged by the Chief Nursing Officer (CNO) for England. In 2015, the CNO called for improved recruitment and retention across the whole health and care system, streamlined international recruitment, flexible working opportunities offered to new and existing staff, and improved support for staff in their roles. The impact of any action on these measures is yet to be seen.

This report shows how reliance on agencies comes as the full impact of cuts to the number of training places is now being felt. A fragmented and primarily local approach to workforce planning has led to substantial gaps in the current workforce compounded by the inability of the various UK workforce bodies to respond to immediate workforce pressures or address any gaps. The only other viable short-term source is immigration from abroad, with rising numbers of nursing staff being recruited, particularly from European countries hit by economic slowdown. Meanwhile, the decision not to put nursing on the list of occupations in short enough supply that they can be filled by overseas recruits

1 <http://frontlinefirst.rcn.org.uk/sites/frontlinefirst/index.php/blog/entry/nhs-runaway-agency-spending-report/>

from outside Europe comes on top of new immigration rules affecting non-Europeans already in the UK. The combination of these decisions is likely to increase demand for European nurses.

Secure staffing is perhaps the most important issue facing the profession, yet a lack of investment in the supply of nursing numbers, as well as underfunded training and remuneration, means a workforce in crisis.

Of course the growth in agency staffing is not just affected by workforce demand. Many nursing staff are actively choosing agency working in search of flexible working hours and to maximise their earning potential. This points to a vital need for the NHS and other health and care providers to both recruit and retain nursing staff, yet the workforce is overwhelmingly experiencing understaffing, rising workloads and pay restraint. Analysis of median annual earnings in the NHS shows that qualified nursing staff have suffered between 6.3 per cent and 10.5 per cent real terms pay reduction since 2011, while health care assistants and nursing auxiliaries have seen a cut of just over eight per cent over the same period.

Among all nurses and nursing auxiliaries/assistants working full time in the economy across the NHS and in other health care settings there has been a cumulative real terms drop of 9.6 and 9.2 per cent in median weekly earnings between 2008 and 2014. Among part-time nurses and nursing auxiliaries/assistants, earnings have fallen by 6.2 per cent and 7.1 per cent over the same period.

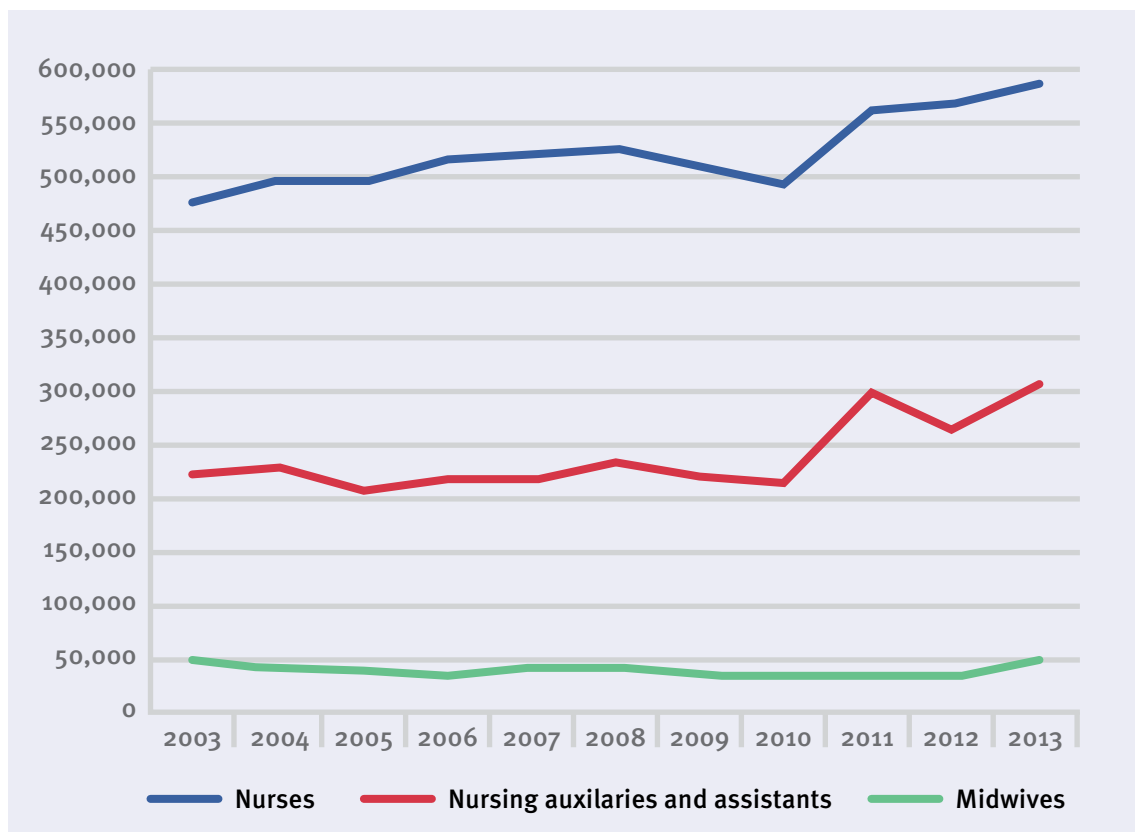
The challenges faced by the health and social care sector are well understood: rising demand coupled with squeezed budgets. The plans being formulated to cope with these challenges include the integration of health and social care, the expansion of seven day services, moving care from acute to community settings and improved health prevention. These all require a future nursing workforce with the skills to work across primary care, community care and acute health settings as well as the skills necessary to work in multidisciplinary settings. In short, tomorrow's challenges will not be met without taking care of the nursing workforce today.

2. The UK nursing workforce

The labour market review aims to estimate the size, shape and composition of the nursing workforce using Office of National Statistics datasets in addition to data collected by the four UK health departments. It should be noted that datasets often use different terminology, particularly around the definition of registered nurses and midwives and nursing support staff and data is sometimes collected across different timeframes and that these differences have been identified where significant.

Section 2 provides an analysis of figures from the Labour Force Survey (LFS) which provides official measures of employment and unemployment for the UK. It gives an indication of the number of nurses, nursing assistants and auxiliaries and midwives working across the UK economy (as defined by the Office for National Statistics).

Figure 1: Nurses, nursing assistants/auxiliaries and midwives in employment (2004-2014)



Source: Analysis of Labour Force Surveys April-June 2004-2014

The LFS provides an estimation of the size of individual sectors as defined by standard industrial classification (SIC) codes and the number of people working in given occupations as defined by standard occupation classification (SOC) codes – in this case nurses², nursing auxiliaries and assistants³ and midwives.⁴

2 SOC 2231 defines nurses as those providing 'general and/or specialised nursing care for the sick, injured and others in need of such care, assist medical doctors with their tasks and work with other health care professionals and within teams of health care workers. They advise on and teach nursing practice.'

3 SOC 6141 defines nursing auxiliaries and assistants as who 'assist doctors, nurses and other health professionals in caring for the sick and injured within hospitals, homes, clinics and the wider community.'

4 SOC 2232 defines midwives as those who 'deliver, or assist in the delivery of babies, provide antenatal and postnatal care and advise parents on baby care. They work with other health care professionals, and advise on and teach midwifery practice.'

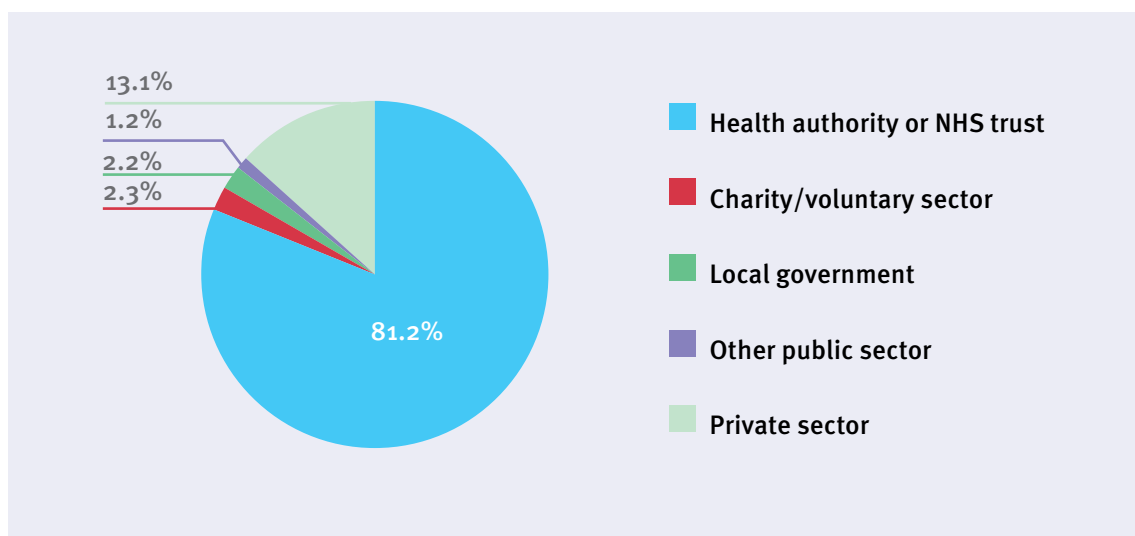
Figure 1 shows a steady increase in the number of nurses working across the NHS, other parts of the public sector and the independent and voluntary sectors between 2004 and 2014, with the exception of a period of decline between 2008 and 2010.

There are estimated to be approximately 590,202 people employed in the occupational category of nurse in 2014, having risen by 20 per cent since 2004.

There are an estimated 300,201 people employed in the category of nursing auxiliaries and assistants in the UK in 2014, having risen by 32 per cent since 2004.

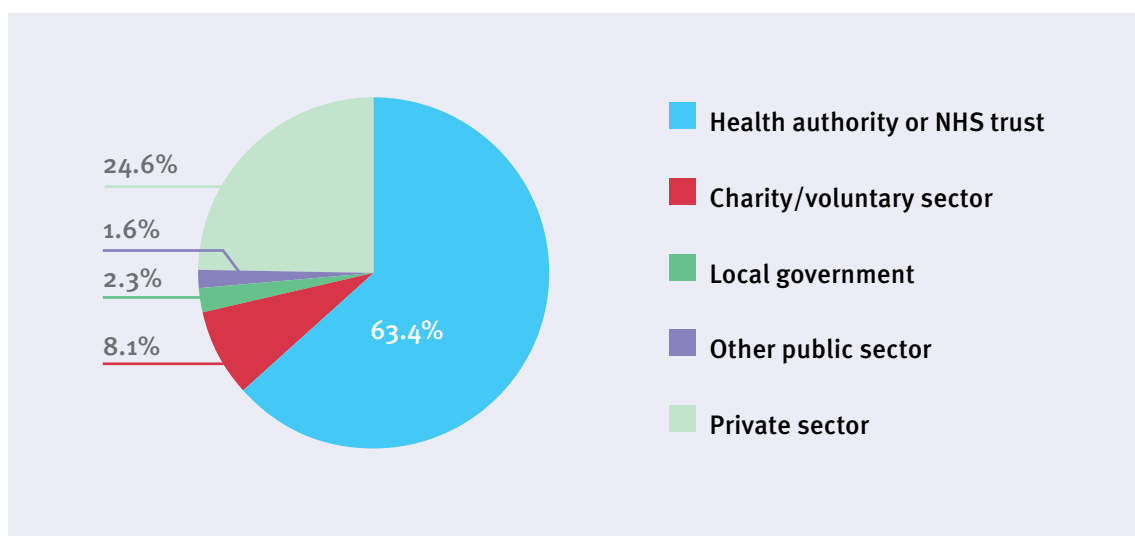
In addition, there are estimated to be approximately 40,538 people employed as midwives in the UK in 2014, having fallen from by six per cent from 43,046 in 2004.

Figure 2: Nurses in employment and sector of work (2014)



Source: Analysis of Labour Force Survey April-June 2014

Figure 3: Nursing auxiliaries and assistants in employment and sector of work (2014)



Source: Analysis of Labour Force Survey April-June 2014

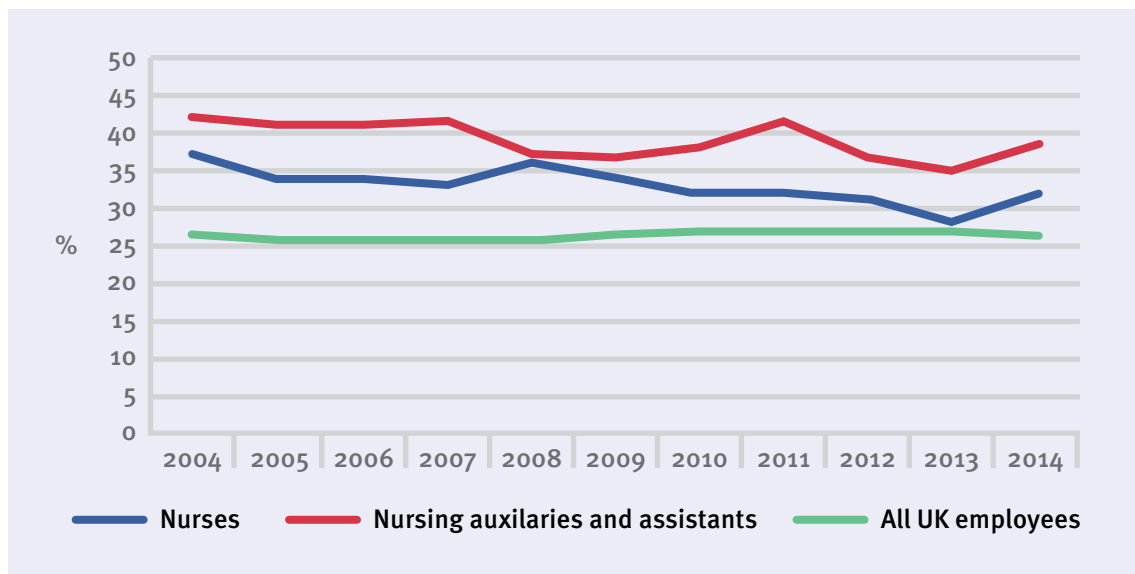
Broadly, UK health services are delivered via three main sectors: publicly funded services through the NHS; services delivered by independent sector organisations (private companies, social enterprises) and services delivered by voluntary organisations.⁵

Analysis of LFS data indicates the sectors in which nurses and nursing auxiliaries/assistants work show that a larger proportion of nursing auxiliaries/assistants work outside the NHS than nurses. Figure 2 shows that the majority (81 per cent) of all nurses in the UK work in health authorities or NHS trusts/boards. One in eight (13 per cent) work in the private sector and just over two per cent work in the voluntary sector, and a similar number work in local government.

Figure 3 estimates that just under two thirds (63 per cent) of all nursing assistants/auxiliaries work for health authorities or NHS trusts/boards; just under a quarter work in the private sector; around eight per cent work in the voluntary sector and around two per cent in local government.

According to Laing Buisson (independent health, community care and childcare sector analysts) revenues generated by independent sector providers in the health and care market stood at £44.3 billion in 2013/14, up from £40.5 billion in 2012/13. It states that ‘the main driver of growth throughout has been outsourcing of publicly paid services, and to a lesser extent a resurgence of privately paid health care as Britain has emerged from the recession.’⁶

Figure 4: Proportion of nurses, nursing auxiliaries/assistants and all UK employees working part time (2004-2014)



Source: Analysis of the Labour Force Survey 2004- 2014

Figure 4 shows estimates of part-time working among the nursing workforce as compared to the whole UK working population.⁷

In 2004, almost two fifths (37 per cent) of nurses reported that they worked part time, dropping to 28 per cent in 2013 and then moving up to 32 per cent in 2014. A similar trend is evident among nursing auxiliaries and assistants, with 42 per cent reporting working part time in 2003, declining to 35 per cent in 2013 and increasingly to 39 per cent in 2014.

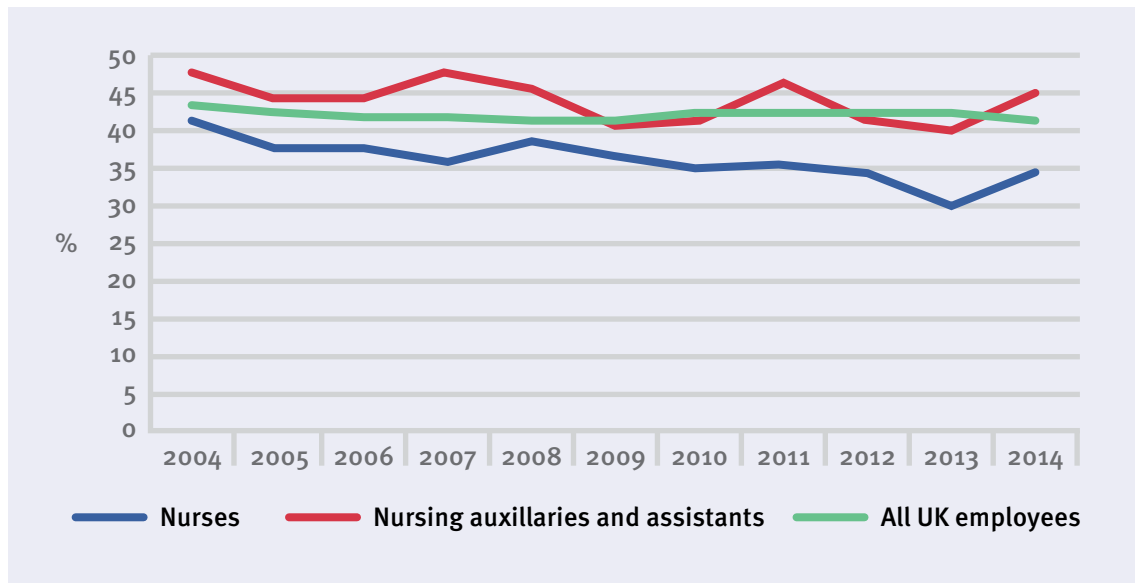
Part-time working is clearly more prevalent in the nursing workforce than the workforce as a whole; just over a quarter reported they worked part time with barely any change over this period.

5 Skills for Health (2011) *Health Sector Workforce Intelligence: UK report*. www.skillsforhealth.org.uk

6 www.laingbuisson.co.uk/MediaCentre/PressReleases/LaingBuissonReview27ed.aspx

7 Full-time and part-time status is self-classified by respondents to the Labour Force Survey.

Figure 5: Proportion of female nurses, female nursing auxiliaries/assistants and all female UK employees working part time (2004-2014)



Source: Analysis of the Labour Force Survey 2004- 2014

Figure 5 looks at part-time working in more detail though analysis of the incidence among female employees only, due to the high proportion of women in the health care workforce (around 90 per cent of nurses and 80 per cent of nursing auxiliaries and assistants are female).

Part-time working is higher among the female workforce than in the workforce as a whole. Two fifths (42 per cent) of all women reported working part time in 2014 compared to 26 per cent of all men and women.

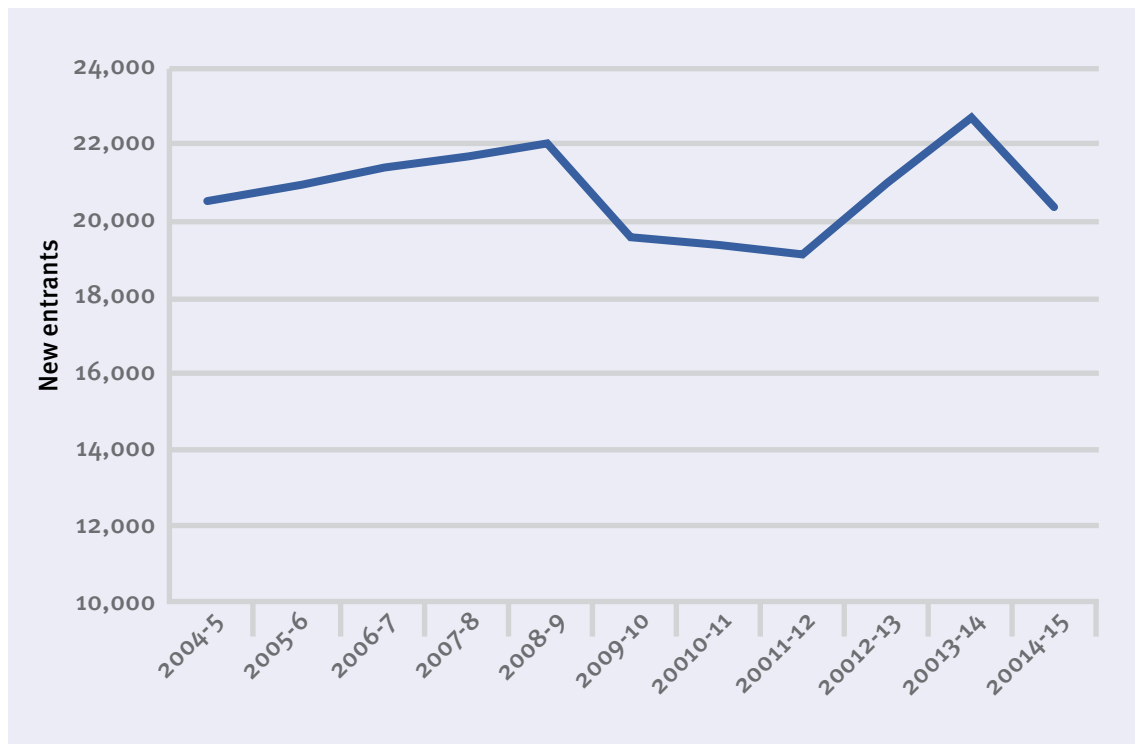
Figure 5 shows a similar, downward trend in part-time working among the female nursing workforce between 2004 and 2013 with an increase in 2014. In 2004, two fifths (42 per cent) of nurses reported working part time compared to 30 per cent in 2013, rising to a third (34 per cent) in 2014. Among nursing auxiliaries and assistants, just under half (47 per cent) worked part time in 2004 falling to 40 per cent 2013 before rising to 45 per cent in 2014.

Since 2008, the UK economy has seen a general trend of a shift in employment towards increased part-time work as well as self-employment. Much of the growth in part-time working was accounted for by people who could not find full-time work. In 2008, the proportion of people involuntary working part time was 9.5 per cent; this peaked at 18.5 per cent in mid-2013 and currently fell to 16.5 per cent in 2014.

3. Nursing and Midwifery Council registrants

Section 3 examines Nursing and Midwifery Council (NMC) registrant data. As of March 2014, there were 680,858 nurses and midwives on the register, an increase of 7,291 (1.1 per cent) since 2013.⁸ All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council register. However, this does not necessarily mean they are working as a nurse or midwife.

Figure 6: Number of new entrants to the UK nursing register from UK sources (2004/5 to 2014/15)

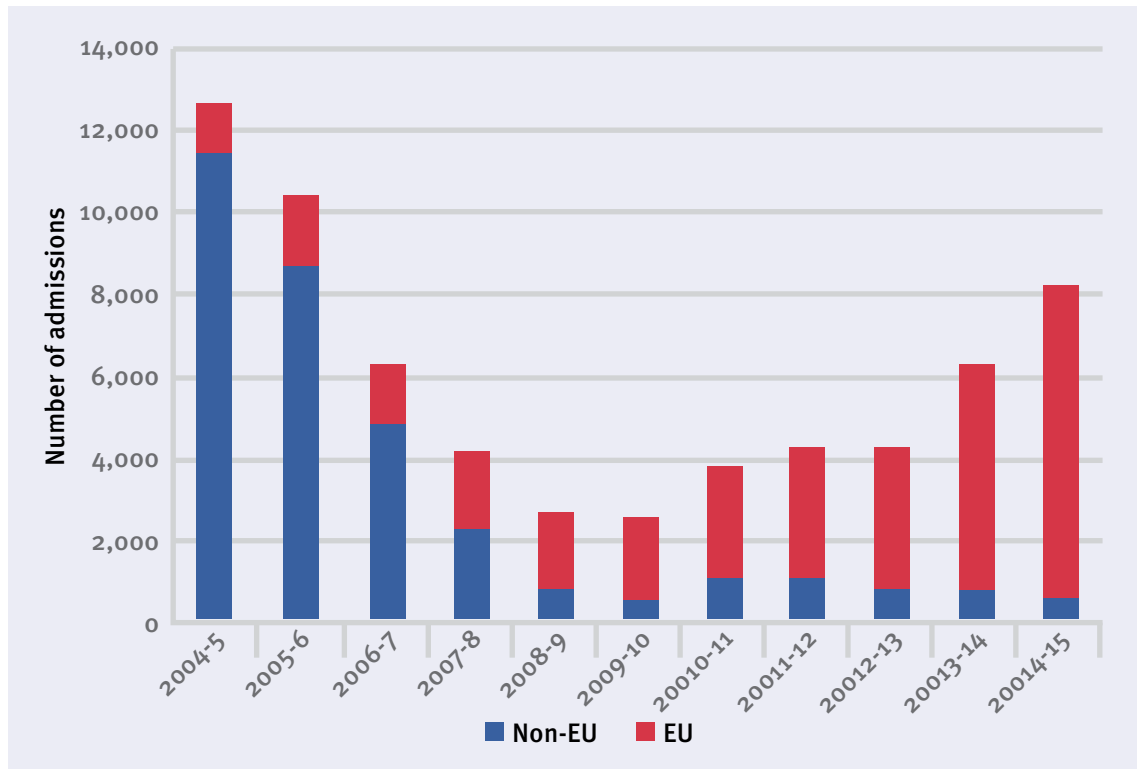


Source: Nursing and Midwifery Council, obtained under Freedom of Information

Figure 6 shows the trend in numbers of new nurses entering the labour market from UK training between 2004/5 and 2014/15. It shows that 2014-15 figures have returned to those seen in 2004/5 following a rocky 10-year fall in numbers followed by a small recovery.

⁸ Nursing and Midwifery Council. *Annual Reports and Accounts 2013-14 and 2012-13*
www.nmc.org.uk/about-us/reports-and-accounts/annual-reports-and-accounts/

Figure 7: Number of new entrants to the UK nursing register from non-EU and EU sources (2004/5 to 2014/15)

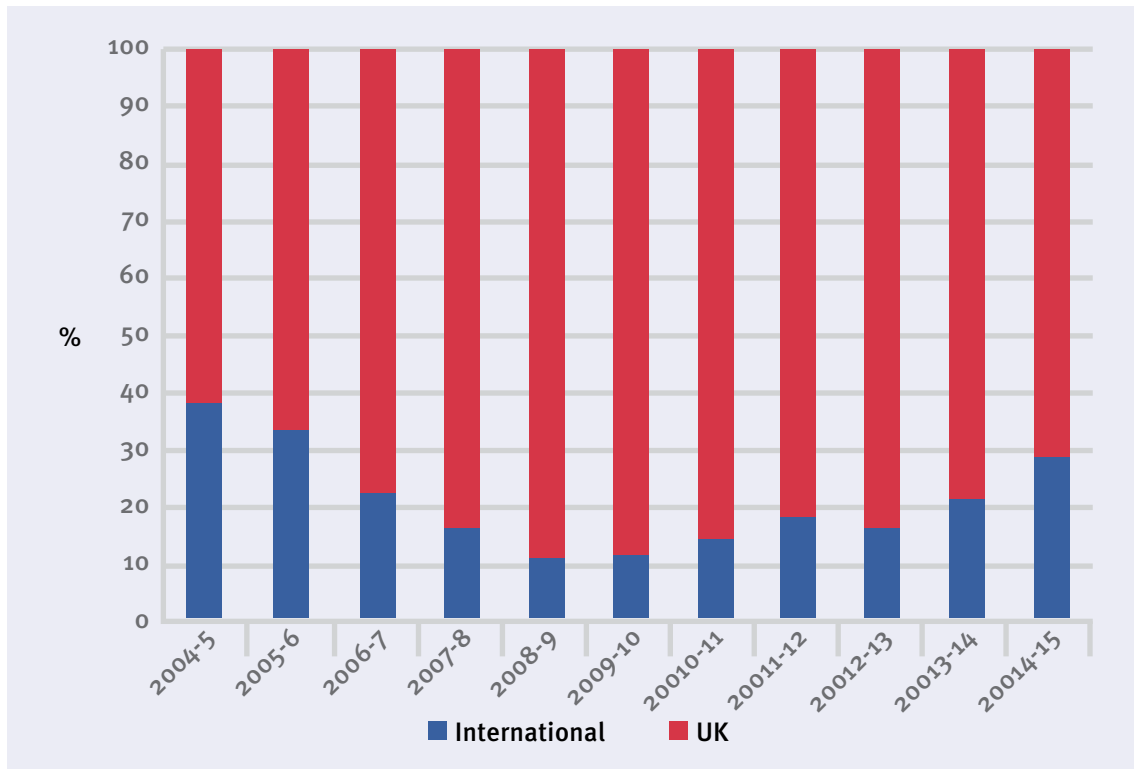


Source: Nursing and Midwifery Council, obtained under Freedom of Information

Figure 7 shows the pattern of annual registration of nurses and midwives from non-EU countries and EU countries since 2004/5. The NMC data records when a nurse registers, but this does not necessarily mean that they are working in the UK as a nurse.

Overall numbers dropped rapidly between 2003/4 and 2009/10 from 12,670 to 2,519 before reaching 8,183 in 2014/15, due mostly to a fall in non-EU registrants. This is mostly linked to stricter immigration rules as well as more costly application requirements implemented by the NMC for international nurses. Meanwhile, the number of EU registrants has increased fivefold, from 1,193 in 2009/10 to 7,518 in 2014/15 as health and social care trusts look to filling workforce gaps and nursing staff seek to leave European countries hit by economic downturn.

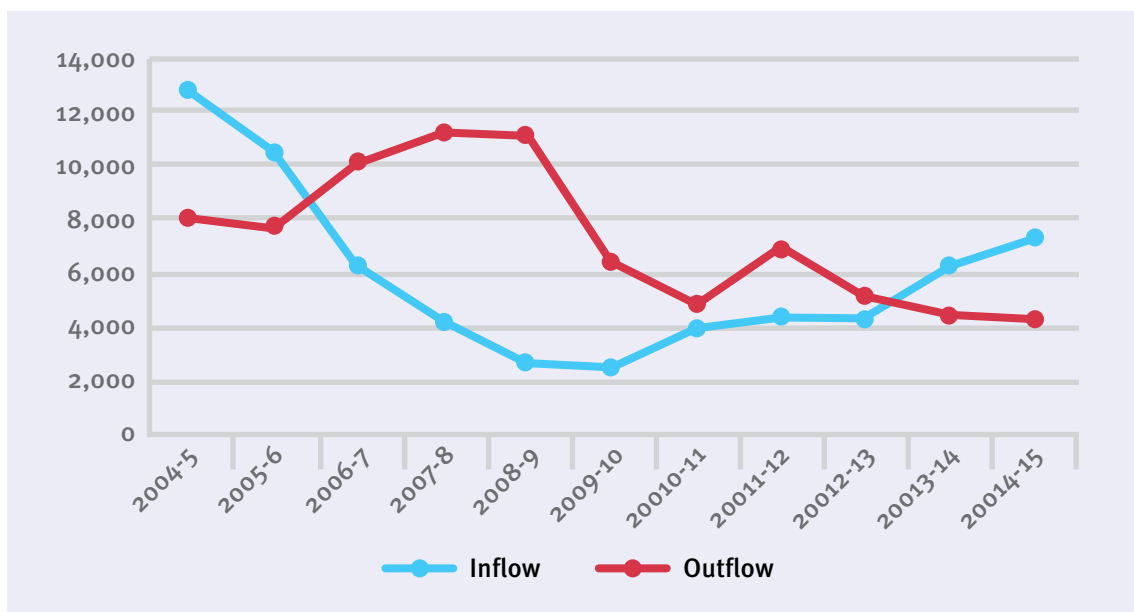
Figure 8: International and UK sources as percentage of total new admissions to the UK nursing register: initial registrations (2004/5 – 2014/5)



Source: Nursing and Midwifery Council, obtained under Freedom of Information

Figure 8 shows the balance between new entrants from UK and international sources. Admissions of international nurses declined steadily between 2004/5 and 2008/9, falling from 38 to 11 per cent of all new nurses on the UK register. Since then, figures steadily increased to 28 per cent.

Figure 9: Inflow and outflow of nurses and midwives from the UK (2004/5 – 2014/5)



Source: Nursing and Midwifery Council, obtained under Freedom of Information

The NMC records verifications issued to other countries which gives an indication of the outflow of registered nurses compared to inflow from new registrants with Figure 9 showing that the inflow has stood above outflow since 2013/14.

Of the 4,935 verifications issued in 2014/15, two fifths (42 per cent) were issued to Australia, 23 per cent to the USA, eight per cent to Ireland, six per cent to New Zealand and just four per cent to countries in the European Economic Area.

4. The nursing workforce in NHS England, Scotland, Wales and in health and social care in Northern Ireland

This section looks at trends in the nursing workforce across the four UK countries between 2004 and 2014.⁹ While services are often referred to as the NHS they are mostly independent from each other and operate under different management, rules, and political authority.

All efforts have been made to ensure consistency between measures but there are variations in definitions and methods of data collection in different countries. Although data may not be fully comparable between countries, we can see a general upward trend in the registered nursing, midwifery and health visiting workforce and a downward trend in the health care assistant/health care support worker workforce over the last ten years in all UK countries except Scotland. Trends for each country are explored further in the report.

Table 1: Full-time equivalent (FTE) and percentage change in the qualified nursing, midwifery and health visiting workforce, 2004, 2012-2014, England, Scotland, Wales and Northern Ireland

| | 2004 | 2012 | 2013 | 2014 | % change 2004-2014 | % change 2013-2014 |
|------------------|----------------------|---------|---------|-----------------------|--------------------|--------------------|
| England | 286,841 | 305,060 | 307,692 | 313,514 ¹⁰ | 9.3% | 1.9% |
| Scotland | 38,873 ¹¹ | 41,159 | 41,869 | 42,616 ¹² | 9.6% | 1.8% |
| Wales | 20,126 | 21,755 | 21,923 | 21,987 | 9.2% | 0.3% |
| Northern Ireland | 13,023 | 13,823 | 14,139 | 14,428 | 10.8% | 2.1% |

⁹ Data for all four countries is provided as whole-time equivalent (WTE) figures and measured at 30 September annually.

¹⁰ HSCIC (2014) *NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England, Non-medical staff – 2004-2014*
www.hscic.gov.uk/catalogue/PUB16973/nhs-staf-2004-2014-over-tab.xls

¹¹ ISD Scotland, *Nursing and midwifery staff by time, NHS Board and NHS region (WTE)*
www.isdscotland.org/Health-Topics/Workforce/Historic-Data/index.asp

¹² ISD Scotland (2015) *NHS Scotland Workforce – Data as at 30th September 2014 – Nursing and midwifery staff in post*
www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables.asp?id=577#577

Table 2: Full-time equivalent (FTE) and percentage change in the health care assistant/health care support worker workforce, 2003, 2011-2013, England, Scotland, Wales and Northern Ireland

| | 2004 | 2012 | 2013 | 2014 | % change 2004-2014 | % change 2013-2014 |
|---------------------|---------|---------|---------|---------|-----------------------|-----------------------|
| England | 113,485 | 103,549 | 106,530 | 108,566 | -4.3% | 1.9% |
| Scotland | 15,627 | 14,712 | 15,141 | 15,575 | -0.3% | 2.9% |
| Wales | 7,281 | 6,314 | 6,332 | 6,313 | -13.3% | -0.3% |
| Northern Ireland | 3,835 | 3,849 | 3,939 | 3,986 | 3.9% | 1.2% |

Notes on tables 1 and 2:

- England 2004, 2012-2014. Table 1 figures are WTE qualified nursing, midwifery and health visiting staff in hospital and community services. Table 2 figures are health care assistants and nursing assistants/auxiliaries.
- Scotland 2004. Table 1 figures are WTE nursing and midwifery staff in NHS Scotland, excluding non-registered staff. Table 2 figures are non-registered nursing and midwifery staff.
- Scotland 2012-2014. Table 1 figures are nursing and midwifery staff, bands 5–9 in NHS Scotland. Table 2 figures are 1-4 nursing and midwifery staff. N.B. Scotland data was recalibrated using Agenda for Change bands after 2006 so 2012-2014 figures are not directly comparable with 2004 figures.
- Wales 2004. Table 1 figures are WTE qualified nursing, midwifery and health visiting staff and nursing support staff in hospitals and the community, excluding learners, nursery nurses and nursing assistants/auxiliaries.¹³ Table 2 figures are WTE learners, nursery nurses, and nursing assistants/auxiliaries.
- Wales 2012-2014. Table 1 figures are WTE qualified nursing, midwifery and health visiting staff and nursing support staff in hospitals and the community excluding nursing assistant practitioner, nursery nurse, nursing assistant/auxiliary, nurse learner – pre-registration, and nurse learner – post 1st level.¹⁴ Table 2 figures are WTE nursing assistant practitioner, nursery nurse, nursing assistant/auxiliary, nurse learner – pre-registration, and nurse learner – post 1st level.
- Northern Ireland 2004. Table 1 figures are WTE nursing, midwifery and health visiting staff in the health and personal social services workforce, excluding unqualified nursing staff. Table 2 figures are unqualified nursing staff.¹⁵
- Northern Ireland 2012-2014. Table 1 figures are WTE qualified nursing and midwifery staff in the health and social care workforce.¹⁶ Table 2 figures are WTE nurse support staff.

13 StatsWales (2009) *Nursing staff by grade and year, Qualified nursing, midwifery and health visiting staff and nursing support staff* <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/Nursing-Midwifery-and-Health-Visitors/Pre-2009/NursingStaff-by-Grade-Year>

14 StatsWales (2014) *Nursing staff by grade and year, Qualified nursing, midwifery and health visiting staff and nursing support staff* <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/Nursing-Midwifery-and-Health-Visitors/NursingStaff-by-Grade-Year>

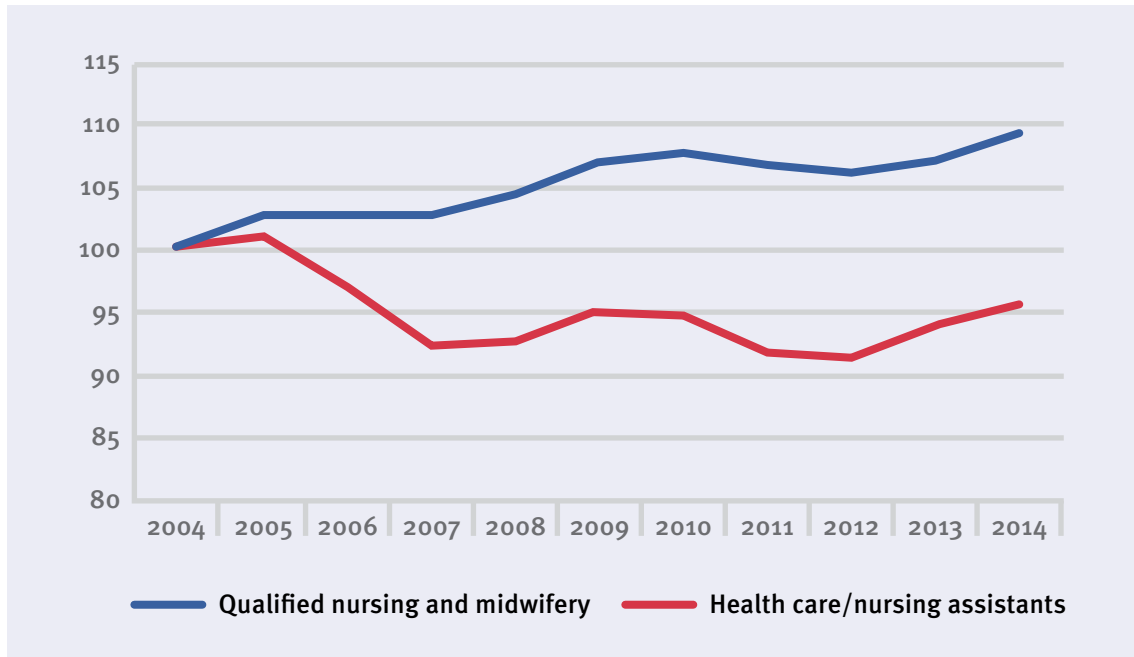
15 DHSSPSNI (2003) *Health and Personal Social Services Workforce Census September 2003 – Section 3: Nursing, Midwifery and Health Visiting Staff* www.dhsspsni.gov.uk/wf_census_03_sect3.pdf

16 DHSSPSNI (2014) *Northern Ireland Health and Social Care Workforce Census March 2014* www.dhsspsni.gov.uk/hscwc-march-2014.pdf

4.1 NHS England nursing workforce

4.1.2 Hospital and community

Figure 10: Qualified nursing and midwifery staff (FTE); health care/nursing assistants (2004-2014) Index change: 2004 = 100



Source: Health and Social Care Information Centre

Figure 10 shows the trend in qualified nursing staff and unregistered nursing staff in the NHS in England between 2004 and 2014. While there has been an overall increase of nine per cent in the FTE number of qualified nurses and midwives (from 286,841 in 2004 to 313,514 in 2014), the chart shows that there were two periods when numbers fell; between 2006 and 2007, and 2010 and 2011.

Looking at numbers of health care assistants and nursing assistants/auxiliaries, there has been an overall downward trend between 2004 and 2014, with full-time equivalent staff falling by four per cent (from 110,196 to 108,556). However, numbers have returned to growth since 2012 when they stood at 103,549.

Figure 11: NHS England, monthly staffing, qualified nursing, midwifery and health visiting (FTE) May 2010-February 2015



Source: Health and Social Care Information Centre

Figure 11 shows the trend in the qualified nursing and midwifery workforce in more depth, displaying monthly staffing figures. This shows an overall upward trend from May 2010, masking month-on-month falls and recoveries in the number of nursing staff employed, reaching a ten-year low of 304,566 in August 2012 before rising to a peak of 318,490 in February 2015.

Table 3 looks in detail at the trend in qualified nursing, midwifery and health visiting staff between 2010 and 2014, with the number of FTE nurses having fallen across all but two of the main work areas. There has been an increase in nursing staffing numbers in adult, general and elderly and general settings, which have seen an overall four per cent rise from 168,042 to 174,994 (FTE). The biggest fall was seen in learning disabilities, with a combined fall of 25 per cent across community and other care settings. The number of FTE nursing staff employed in maternity services fell by almost eight per cent while the total number providing psychiatry services in community and other settings fell by seven per cent. The number of neonatal nurses, meanwhile, increased by three quarters between 2011 and 2014.

Table 3: England, qualified nursing, midwifery and health visiting staff (FTE) by work area (2010-2014)

| | 2010 | 2011 | 2012 | 2013 | 2014 | % change 2010-2014 |
|---------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|
| All | 309,139 | 306,346 | 305,060 | 307,692 | 313,514 | 1.4% |
| Adult, elderly and general | 168,042 | 167,547 | 167,007 | 170,224 | 174,994 | 4.1% |
| Community services | 47,779 | 46,399 | 46,035 | 45,716 | 46,850 | -1.9% |
| Maternity services | 26,654 | 24,916 | 24,510 | 24,627 | 24,655 | -7.5% |
| Community psychiatry | 15,986 | 15,575 | 15,767 | 15,694 | 15,389 | -3.7% |
| Other psychiatry | 25,334 | 24,477 | 23,558 | 22,896 | 22,398 | -11.6% |
| Paediatric nursing | 15,807 | 15,629 | 15,607 | 15,819 | 16,108 | 1.9% |
| School nursing | 3,003 | 2,997 | 2,936 | 2,957 | 3,017 | 0.5% |
| Community learning disabilities | 2,570 | 2,367 | 2,268 | 2,086 | 2,003 | -22.1% |
| Other learning disabilities | 2,684 | 2,421 | 2,186 | 2,086 | 1,921 | -28.4% |
| Education staff | 1,279 | 1,241 | 1,290 | 1,227 | 1,326 | 3.7% |
| Neonatal nursing | - | 2,777 | 3,895 | 4,359 | 4,854 | 74.8%* change 2011-14 |

Figures 12 and 13 look at more recent, monthly data and confirms the recent upward trend in staffing numbers across adult, elderly and general and community services. By February 2015, the number of FTE qualified nursing, midwifery and health visiting staff had reached 177,527 in adult, elderly and general settings and 48,232 in community services.

Figure 12: NHS England monthly staffing, qualified nursing, midwifery and health visiting (FTE) in acute, elderly and general settings (May 2010-February 2015)



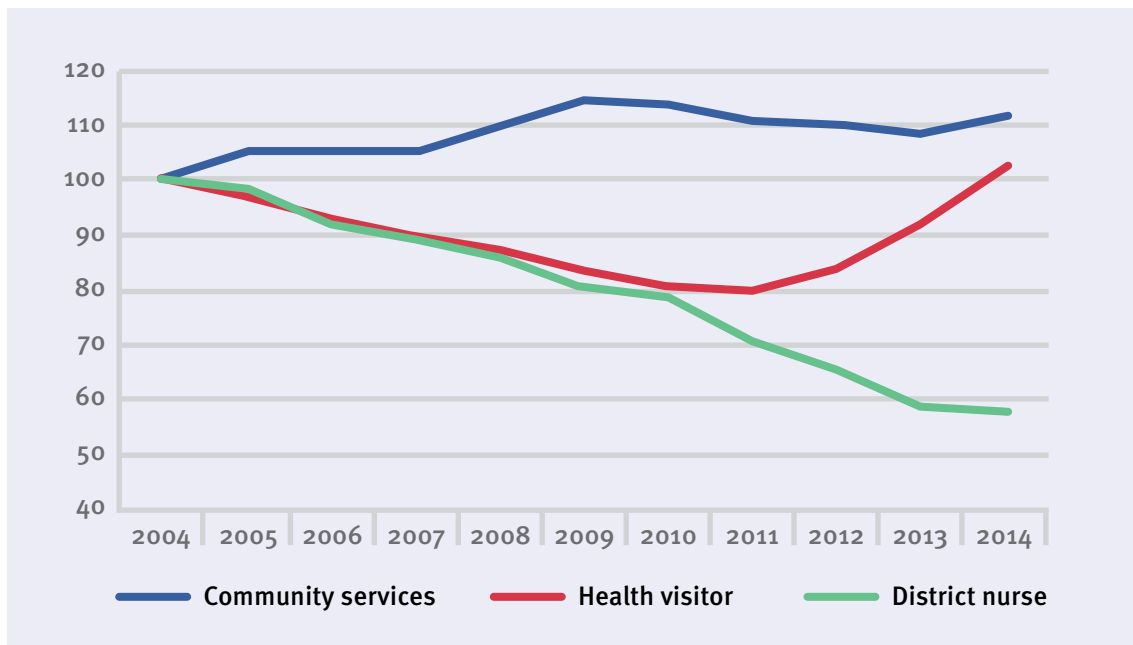
Source: Health and Social Care Information Centre

Figure 13: NHS England monthly staffing, qualified nursing, midwifery and health visiting (FTE) in community services (May 2010-February 2015)



Source: Health and Social Care Information Centre

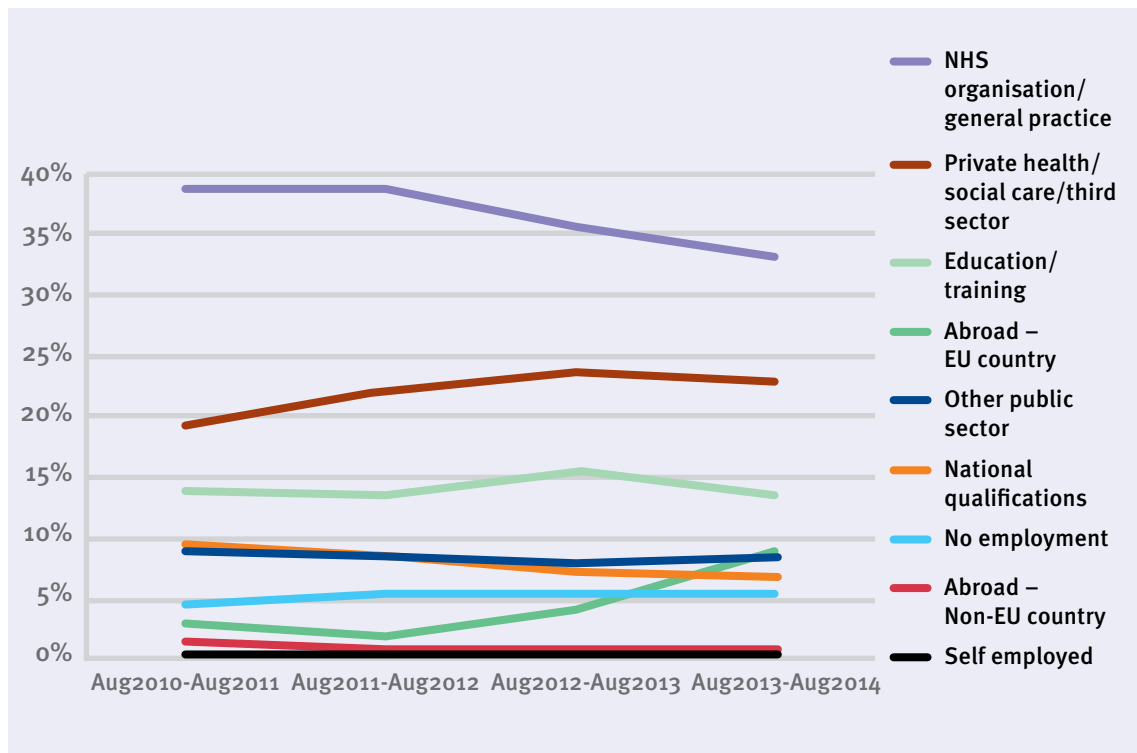
Figure 14: England, qualified nursing workforce (FTE), community nursing services, health visitors and district nurses (2004-2014) Index change: 2004=100



Source: Health and Social Care Information Centre

Figure 14 looks in greater depth at community services between 2004 and 2014. The nursing workforce (FTE) grew by around 12 per cent over the 10-year period. However, further analysis shows the differing fortunes of the district nursing and health visitor workforce. While the number of district nurses has fallen by 42 per cent between 2004 and 2014, the number of health visitors has recovered to its 2004 level of 10,167 after having fallen to 7,941 in 2011.

Figure 15: Source of recruitment of joiners to the qualified nursing, midwifery & health visiting staff group as can be best determined from the data available

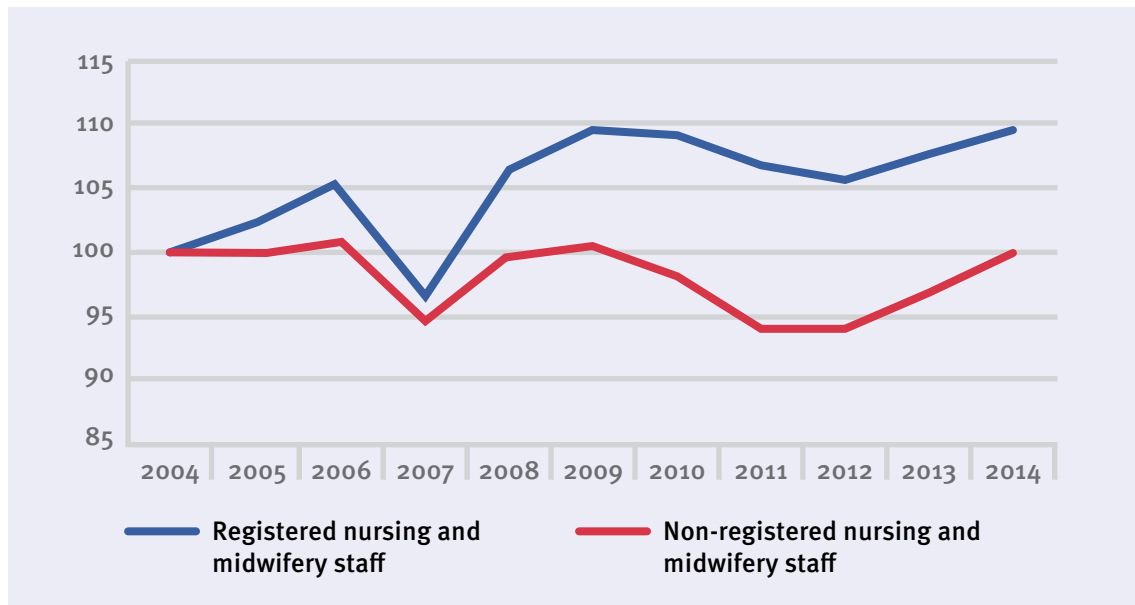


Source: Health and Social Care Information Centre

Figure 15 looks at the source of recruitment to the qualified nursing, midwifery and health visiting workforce as can be best determined from the data available. It should be noted that for a sizeable proportion of joiners the source of recruitment is unknown, ranging from 39 per cent for 2010-11 to 18 per cent in 2013-14, thus making it difficult to present reliable comparisons. However, trends in the data show that the proportion of nursing staff joining the workforce from the EU rose from two per cent in 2010-11 to 8.8 per cent in 2013-14 while the proportion joining from education/training remained at around 14 per cent. The level of movement around the NHS appears to have slowed down with the proportion of joiners coming from other NHS organisations or general practice falling from 39 per cent in 2010-11 to 33 per cent. Following an opposite trend, the proportion of recruits from private health providers, social care or the third sector rose from 19 per cent to 23 per cent over the same period.

4.2 NHS in Scotland

Figure 16: Scotland, registered and non-registered nursing and midwifery staff (FTE) 2004-2014 Index change: 2004=100



Source: Information Services Division, Scotland

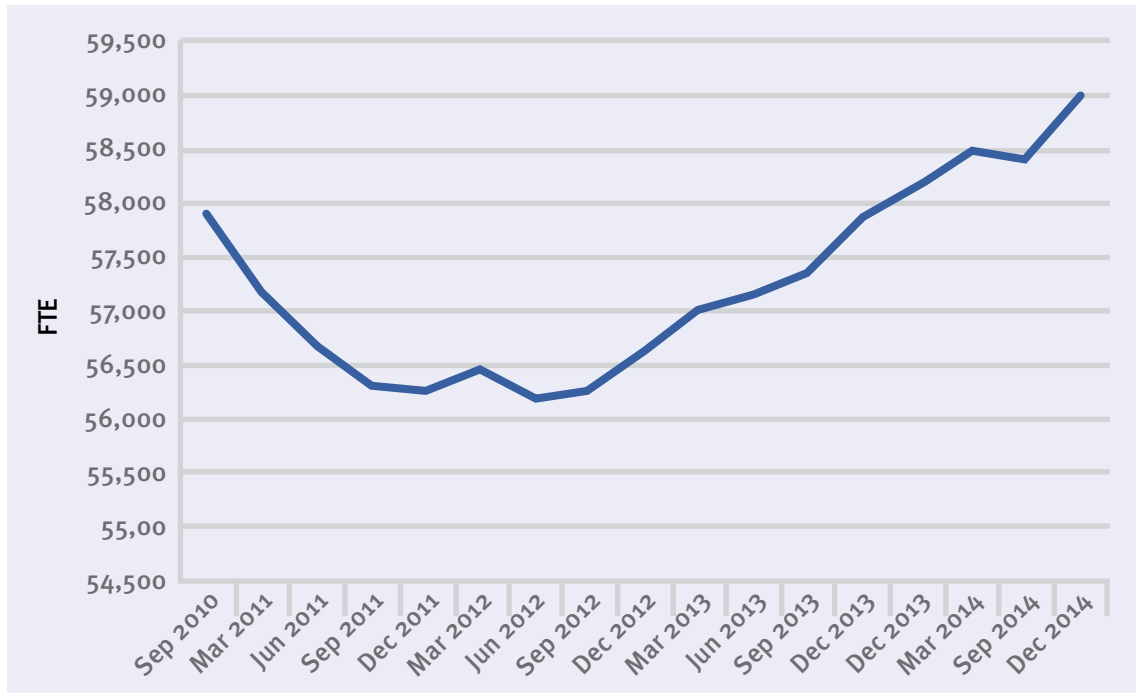
Figure 16 shows the related patterns of growth in the registered and non-registered nursing and midwifery workforce in NHS Scotland between 2004 and 2014. Overall, the number of FTE registered nursing and midwifery rose from 38,873 in 2004 to 42,616 in 2014 (10 per cent).

There has been an overall fluctuating trend in the non-registered nursing and midwifery workforce, starting at 15,628 in 2004, reaching its lowest point of 14,712 in 2012 before rising to 15,575 in 2014.

The drop in numbers employed between 2006 and 2007 is largely due to assimilation to Agenda for Change, with many posts allocated as not assimilated but still within nursing and midwifery, and not necessarily a loss of posts.

Figure 17 shows in more detail the trend in nursing and midwifery staff in post in NHS Scotland from 2010 to 2014, demonstrating the loss of 1,695 FTE staff in post between September 2010 and June 2012, before recovering to 59,004 in 2014.

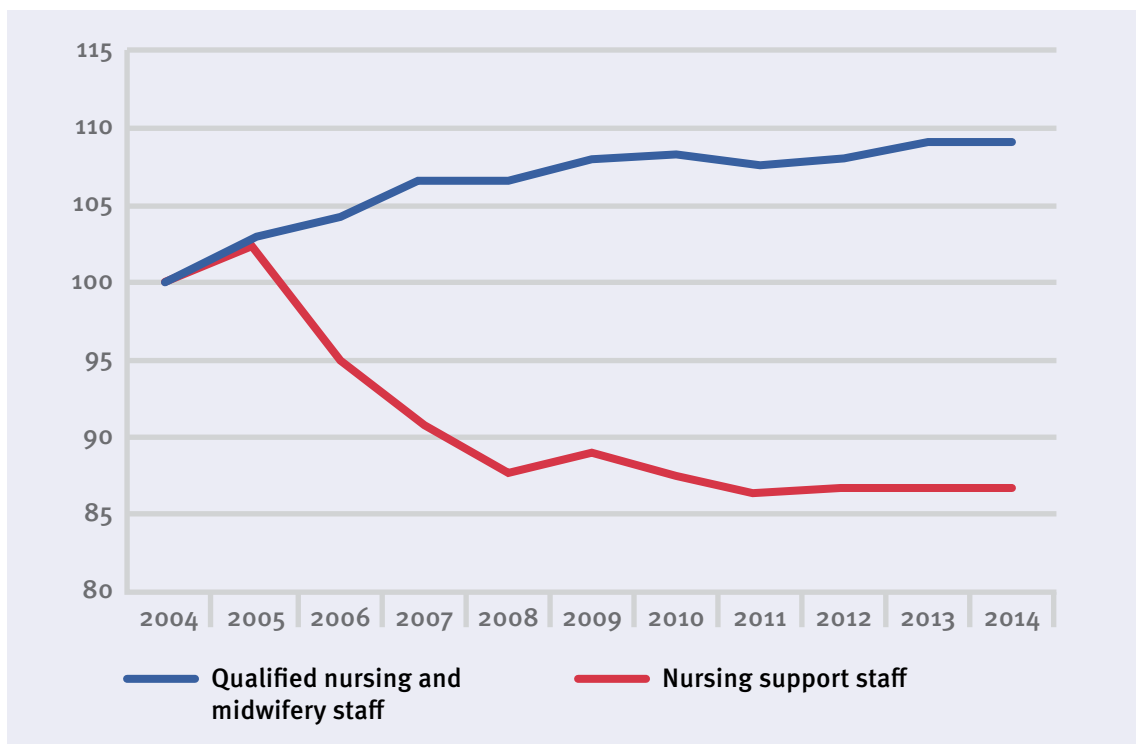
Figure 17: Trend in nursing and midwifery staff in post in NHS Scotland from 2010 to 2014



Source to follow

4.3 NHS in Wales

Figure 18: Wales, qualified nursing and midwifery staff and nursing support staff (FTE), 2004-2014. Index change 2004=100



Source: StatsWales, Welsh Government

Figure 18 shows that the number of qualified nursing and midwifery staff has risen gradually from by nine per cent from 20,126 (FTE) in 2004 to 21,987 in 2014, while the nursing support workforce has dropped from 7,281 (FTE) to 6,313 (a fall of 13 per cent).

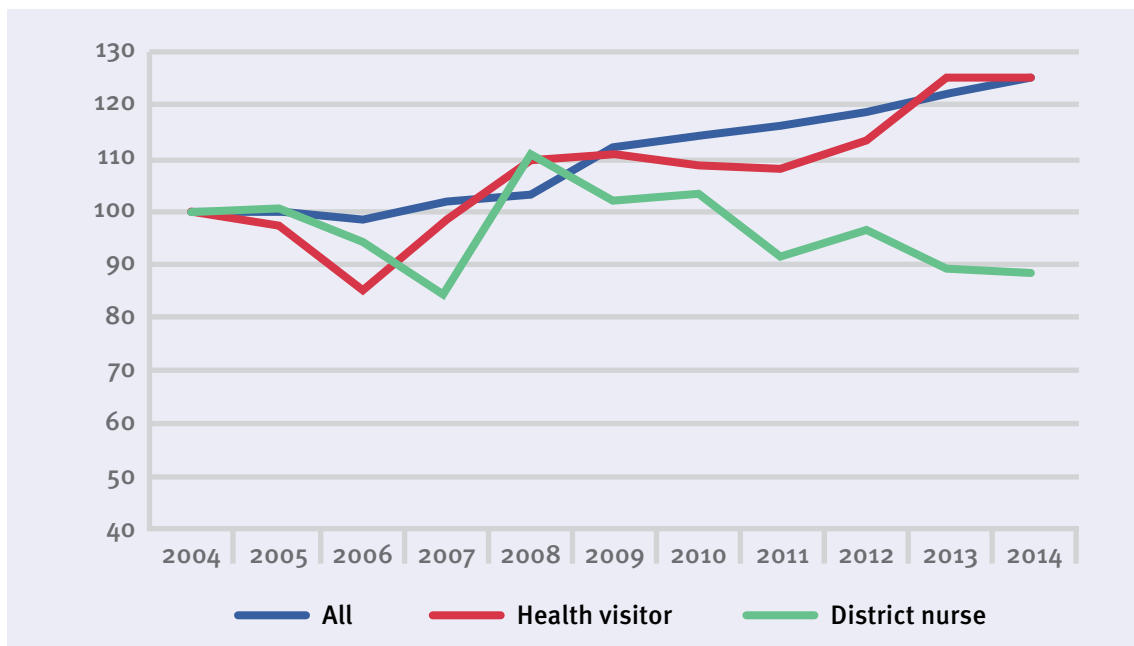
Table 5: Qualified nursing and midwifery staff (FTE) by work area (2010-2014)

| | 2010 | 2011 | 2012 | 2013 | 2014 | % change 2010-2014 |
|---------------------------------|--------|--------|--------|--------|--------|--------------------|
| Acute, elderly and general | 15,980 | 15,839 | 15,913 | 15,937 | 15,891 | -0.6% |
| Community services | 3,434 | 3,478 | 3,536 | 3,695 | 3,808 | 10.9% |
| Community psychiatry | 1,229 | 1,256 | 1,325 | 1,339 | 1,337 | 8.8% |
| Other psychiatry | 3,251 | 3,141 | 3,075 | 3,064 | 3,036 | -6.6% |
| Maternity services | 1,713 | 1,700 | 1,655 | 1,658 | 1,649 | -3.7% |
| Paediatric nursing | 1,108 | 1,033 | 1,040 | 1,033 | 1,084 | -2.2% |
| Community learning disabilities | 315 | 299 | 300 | 281 | 281 | -10.8% |
| Other learning disabilities | 478 | 470 | 465 | 452 | 444 | -7.1% |
| Neonatal nursing | 332 | 423 | 419 | 439 | 428 | 28.9% |
| School nursing | 175 | 211 | 220 | 207 | 222 | 26.9% |

Source: StatsWales. Nursing staff by grade and year 2010-2014

Looking in more detail at the qualified nursing and midwifery workforce in Wales between 2010 and 2013, Table 5 shows an overall drop in acute, elderly and general nursing, maternity services, paediatric nursing and learning disabilities. A nine per cent increase in community psychiatry nurses has been partially offset by a seven per cent fall in nursing numbers in other psychiatry settings. Although small numbers, there have been significant increases in the numbers employed in neonatal (29 per cent).

Figure 19: Qualified nursing workforce (FTE) community nursing services, health visitors and district nurses (2004-2014) Index change: 2004 = 10

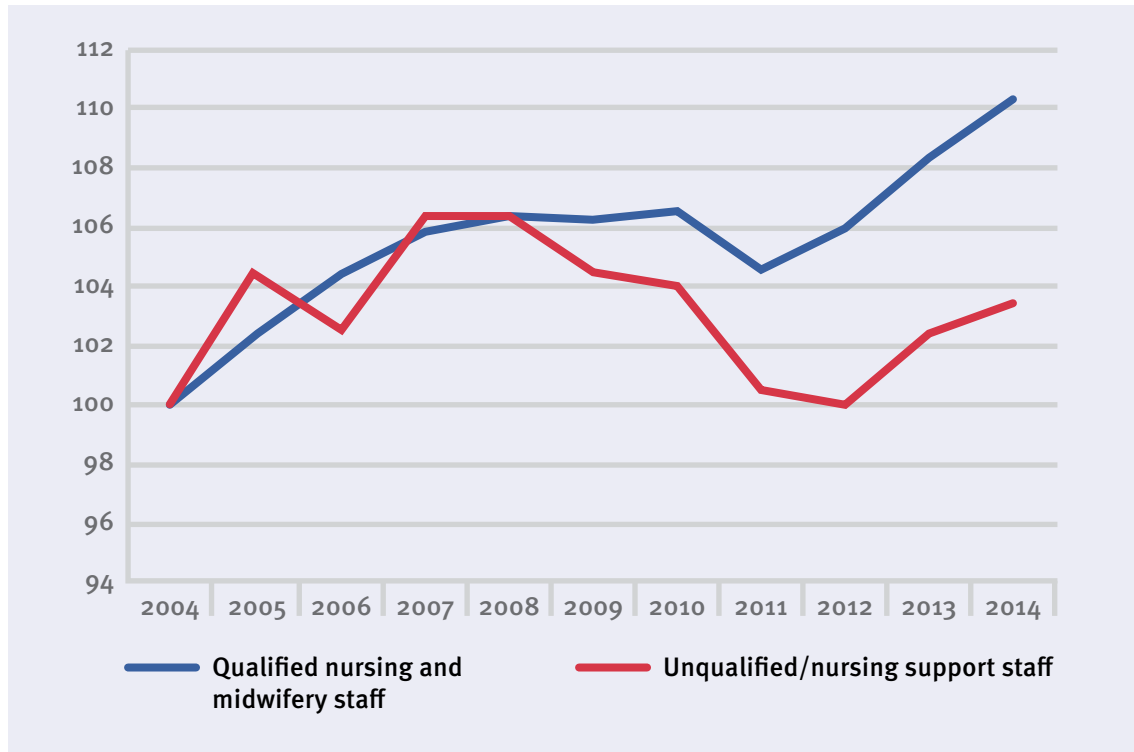


Source: StatsWales. Nursing staff by area of work and year 2004-2014

Figure 19 shows a similar picture to England in relation to the trend in qualified nursing staff working in community psychiatry, community learning disabilities and community services; overall numbers (FTE) working in community nursing services rose from 4,344 in 2004 to 5,425 in 2014 (25 per cent growth). This is matched by similar overall growth in the number of health visitors from 684 to 858, while the number of district nurses has fallen by 35 per cent over the same 10-year period, from 950 in 2004 to 614 in 2014.

4.4 Health and social care in Northern Ireland

Figure 20: Qualified nursing and midwifery staff (FTE), unqualified nursing staff/nurse support staff (2004-2014) Index change: 2004=100



Source: Department of Health, Social Services and Public Safety, Northern Ireland HSC Workforce Census

The qualified nursing and midwifery workforce (FTE) grew overall between 2004 and 2013, rising from by 15 per cent from 12,526 to 14,428 in 2014.

Prior to 2005, the nursing support workforce was categorised as unqualified nursing staff and numbered 3,550 (FTE). After 2005, the categorisation changed to nursing support staff and peaked at 4,095 in 2008 before dipping to 3,867 in 2011 and rising back to 3,986 in 2014.

Table 6: Northern Ireland, qualified nursing and midwifery staff (FTE) by work area (2010-2014)

| | 2010 | 2011 | 2012 | 2013 | 2014 | % change 2010-2014 |
|----------------------------|-------|-------|-------|-------|-------|--------------------|
| Acute nurses | 7,533 | 7,171 | 7,197 | 7,334 | 7,520 | -0.2 |
| Mental health nurses | 1,633 | 1,581 | 1,627 | 1,617 | 1,636 | 0.2 |
| Midwifery | 990 | 1,014 | 1,040 | 1,086 | 1,095 | 10.6 |
| District nurses | 908 | 824 | 834 | 860 | 853 | -6.1 |
| Paediatric nurses | 631 | 637 | 682 | 713 | 749 | 18.7 |
| Health visitors | 445 | 438 | 427 | 458 | 461 | 3.6 |
| Learning disability nurses | 437 | 437 | 421 | 417 | 428 | -2.1 |

Source: Department of Health, Social Services and Public Safety, Northern Ireland HSC Workforce Census

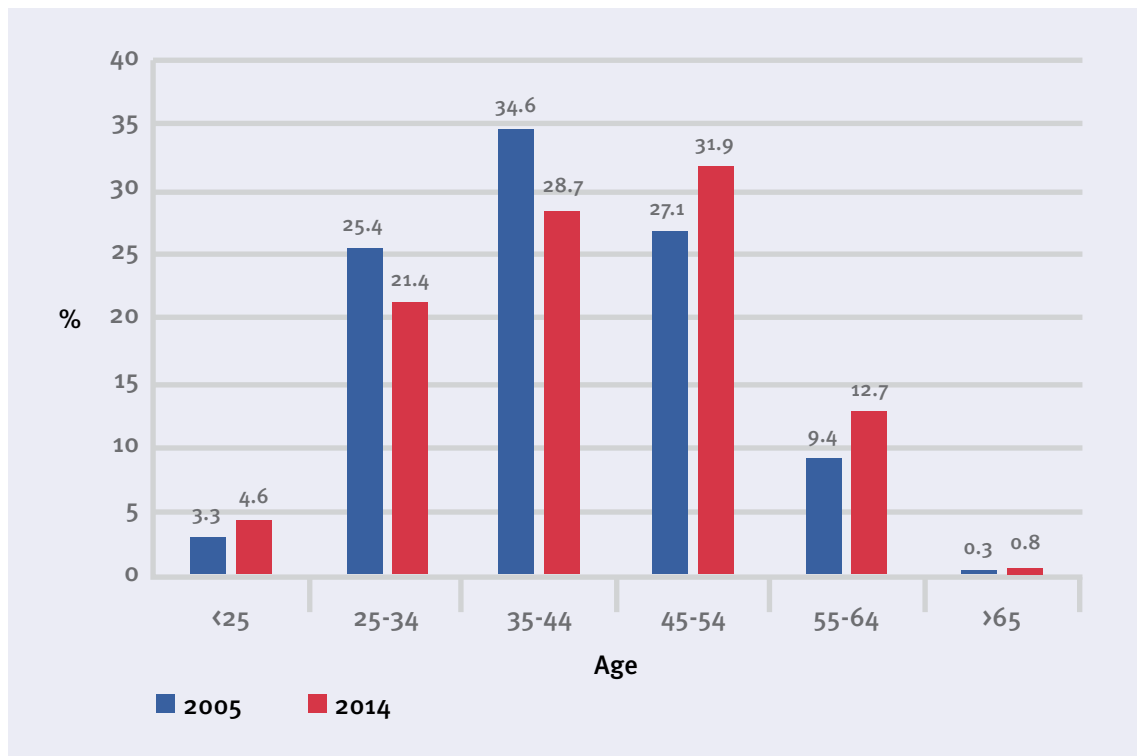
Table 6 looks at the numbers of qualified nursing and midwifery workforce by work area between 2010 and 2014. The number of FTE nurses working in acute settings as well as district and learning

disability nurses all fell by between two and six per cent over this period, while there was growth in the number of paediatric nurses (19 per cent), health visitors (four per cent) and midwives (11 per cent).

4.5 Nursing and age

The following figures provide estimates of the age profile of qualified nursing staff using available data from NHS England, Scotland, Wales and Health and Social Care Northern Ireland. Analysis of the figures shows a progressively ageing workforce. Comparisons of data from 2005 and 2013 highlight how older workers form a substantial and growing component of the workforce in all four countries.

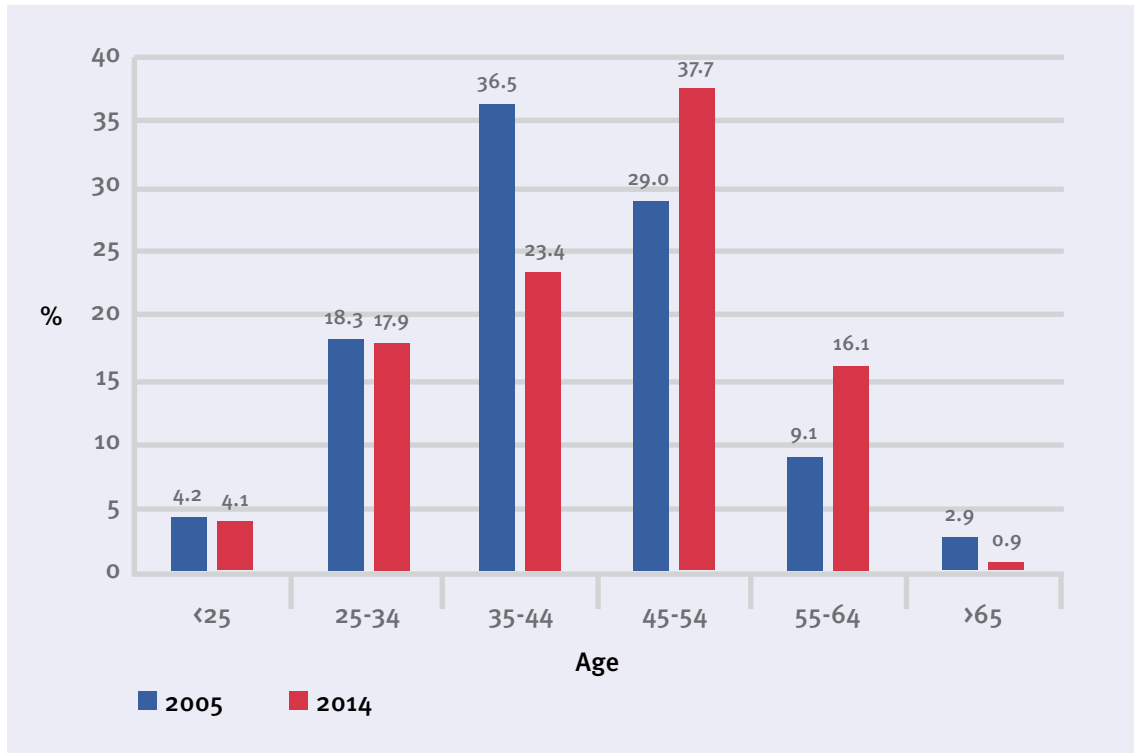
Figure 21: NHS England, age profile, qualified nursing staff, September 2005 and September 2014 (headcount)



Source: Health and Social Care Information Centre

Figure 21 shows the shift in age profile among the qualified nursing workforce in England between 2005 and 2014. In 2005, just over a third (37 per cent) of the workforce was aged 45 or over, compared to 45 per cent in 2013.

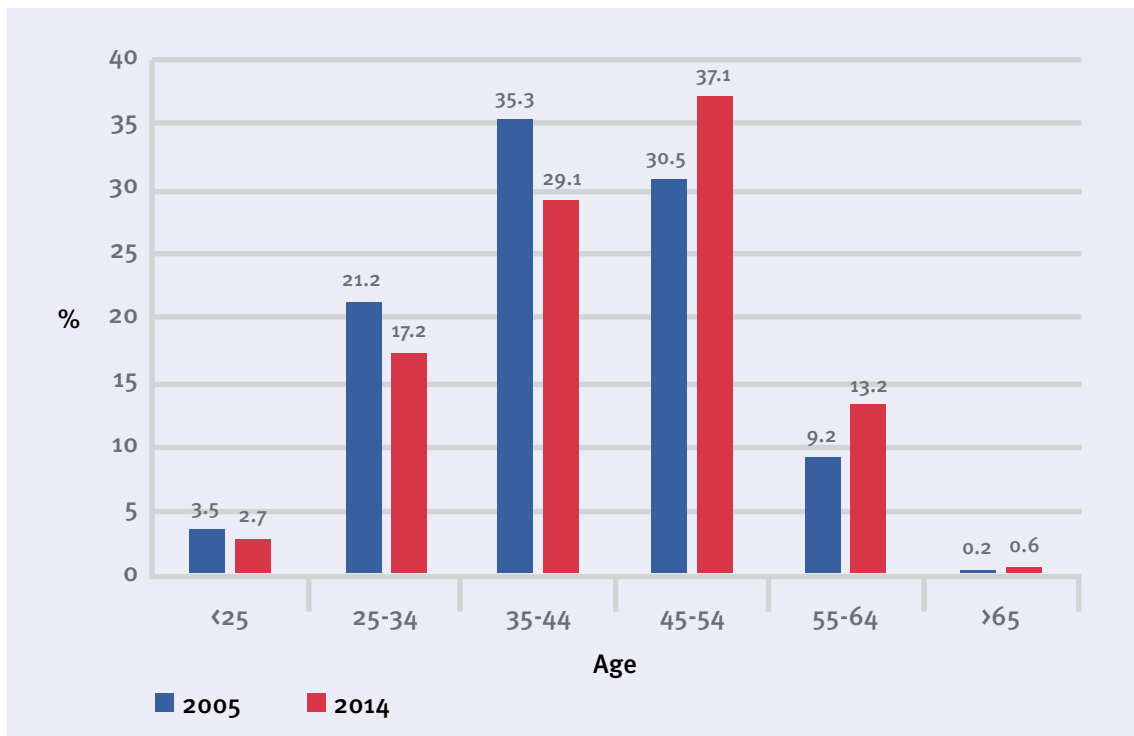
Figure 22: Scotland, nursing and midwifery staff, September 2005 and 2014 (headcount)



Source: Information Services Division, Scotland

Figure 22 shows a similar age profile in the nursing workforce in Scotland to that in England. Two fifths (41 per cent) of the nursing and midwifery workforce was aged over 45 in 2005, compared to over half (55 per cent) in 2014.

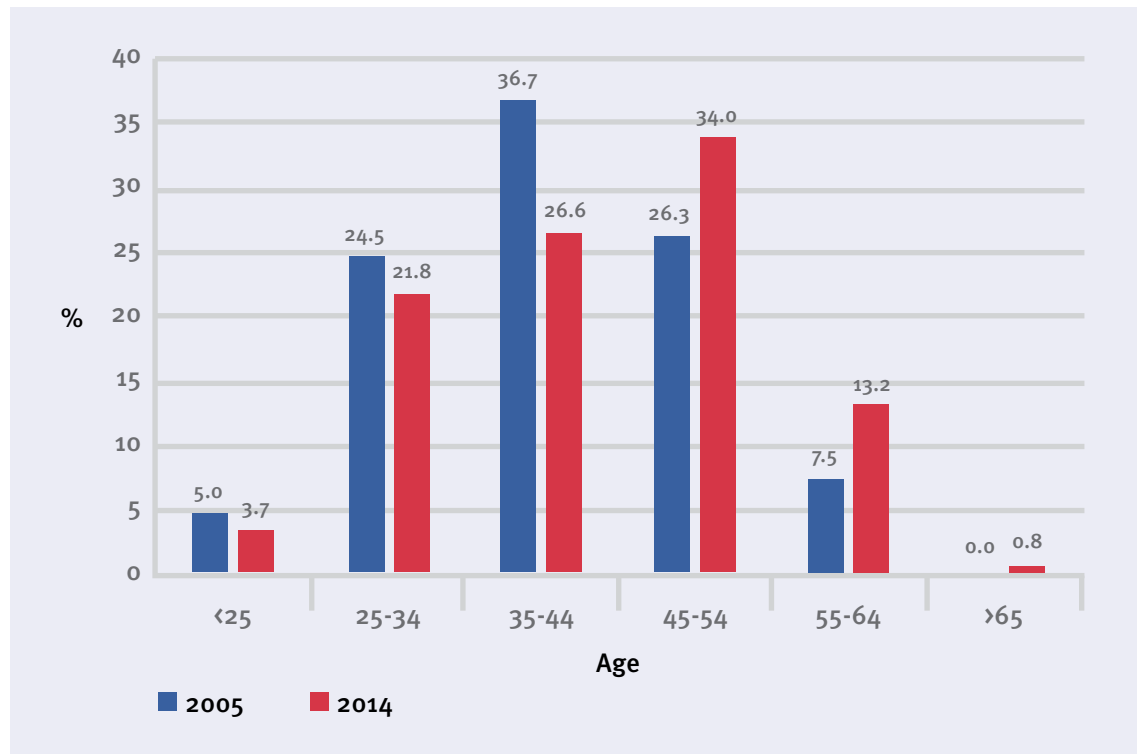
Figure 23: Wales, registered nurses by age, 2007 and 2013 (headcount)



Source: iView Workforce, NHS Wales

Using available data from 2007 and 2013, Figure 23 also shows that the age profile of the nursing workforce in Wales has changed; in 2007, two fifths of the workforce was aged 45 or over compared to just over half in 2013.

Figure 24: Northern Ireland, qualified nursing, midwifery and health visiting staff by age, 2005 and 2014 (headcount)



Source: Department of Health, Social Services and Public Safety, Northern Ireland HSC Workforce Census

Figure 24 shows the sharp change in the age profile of the qualified nursing workforce in Northern Ireland between 2005 and 2014. In 2005, just one third (34 per cent) of qualified nursing staff were below the age of 45, compared with just under half (48 per cent) in 2014.

Since 2004 the average retirement age of nurses has risen due to changes in the NHS pension scheme and government policy:

- the normal NHS pension age has increased from 60 to 65
- the NHS early retirement age increased from 50 to 55
- the UK government abolished the default retirement age of 65 years
- the state pension age is due to increase to 66 by 2020, to 67 by 2028 and to 68 by 2046.

Although the number of nurses approaching retirement (55 year or older) has increased over the past 10 years, the number of actual retirements has been flat¹⁷, suggesting an increasing number of nurses are delaying their retirement.

¹⁷ Indicative figures from the Health and Social Care Information Centre showing reasons for leaving and staff movements among nursing staff has remained stable between 2011-14.

5. Nursing and earnings

5.1 Nursing staff

Section 5 looks at average earnings growth for nursing staff compared to other employees in the UK, using official statistics.

Figure 25: Median weekly earnings for full-time employees compared to CPI and RPI inflation Index: 2008=100

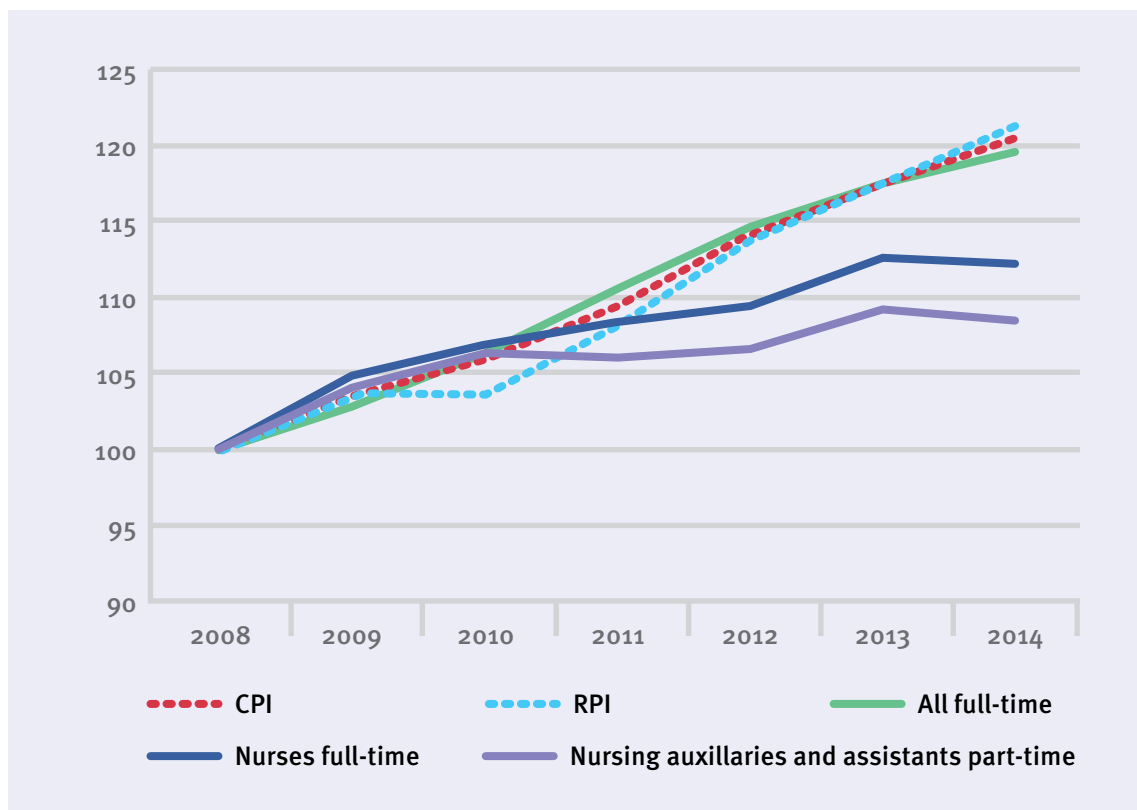


Figure 25 shows the growth in full-time weekly earnings for all UK nursing staff and all UK employers between 2008 and 2014, using 2008 figures as the base. Over the six year period, weekly earnings rose by just 12 per cent for nurses and nine per cent for nursing auxiliaries, compared to 20 per cent for the whole population working full-time.

Figure 26: Real terms annual change for median weekly earnings (full-time employees)

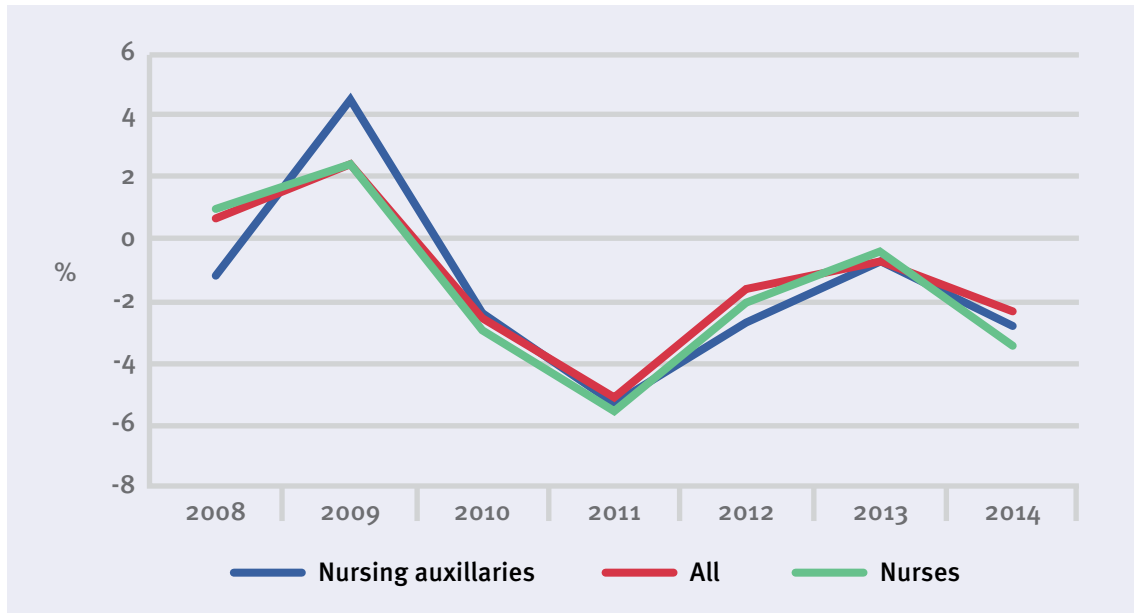


Figure 27: Real terms annual change for median weekly earnings (part-time employees)

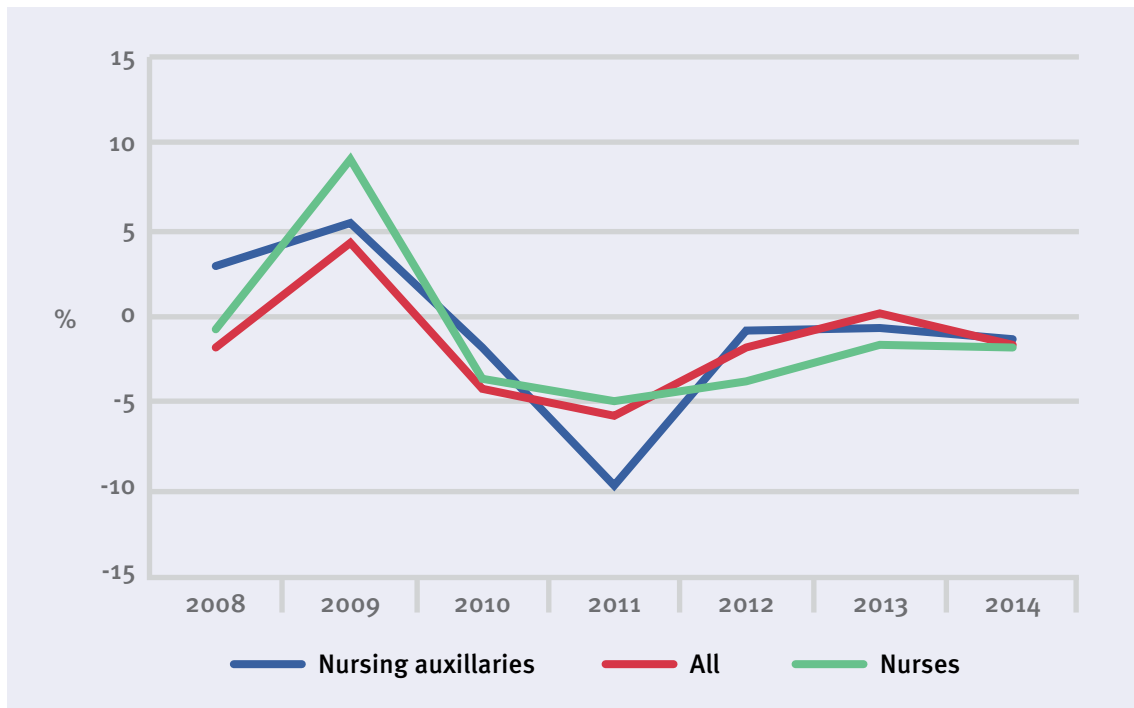


Figure 26 looks at annual changes in median weekly earnings since the recession, adjusting for RPI inflation. The figure shows that since 2008, real terms median weekly earnings growth has been below zero for all full-time employees in the UK economy. Among full-time nurses, there has been a cumulative real terms fall in weekly earnings of 9.6 per cent and a 9.2 per cent cumulative real terms drop for nursing auxiliaries and assistants.

Figure 27 shows real terms median weekly earnings growth for part-time workers between 2008 and 2014. Part-time nursing auxiliaries and assistants have experienced a cumulative real terms fall in earnings of 6.2 per cent, while earnings have dropped by 7.1 per cent for part-time nurses, with below zero growth for both sets of workers since 2010.

5.2 NHS earnings

The data presented below show trends in median earnings for qualified nursing, midwifery and health visitor staff in England between 2011 and 2015. Comparative data for the other UK countries is not available.

It is important to set this data in the context of decisions on Agenda for Change pay uplifts across this period:

- 2012: pay freeze for those earning above £21,000 per year
- 2013: one per cent consolidated uplift for all staff in UK
- 2014: one per cent non-consolidated uplift only for staff at the top of their pay band in England and Northern Ireland; a one-off payment of £187 in Wales; one per cent consolidated uplift for all staff in Scotland
- 2015: one per cent consolidated uplift for those earning up to point 42 of the Agenda for Change pay scale (£56,504) in England; one per cent consolidated uplift for all AfC staff in Wales and Scotland as well as the living wage.

Figure 28: Nominal annual change in median annual earnings: qualified nursing, midwifery and health visiting staff Agenda for Change bands 5-7, England (2011-2015)

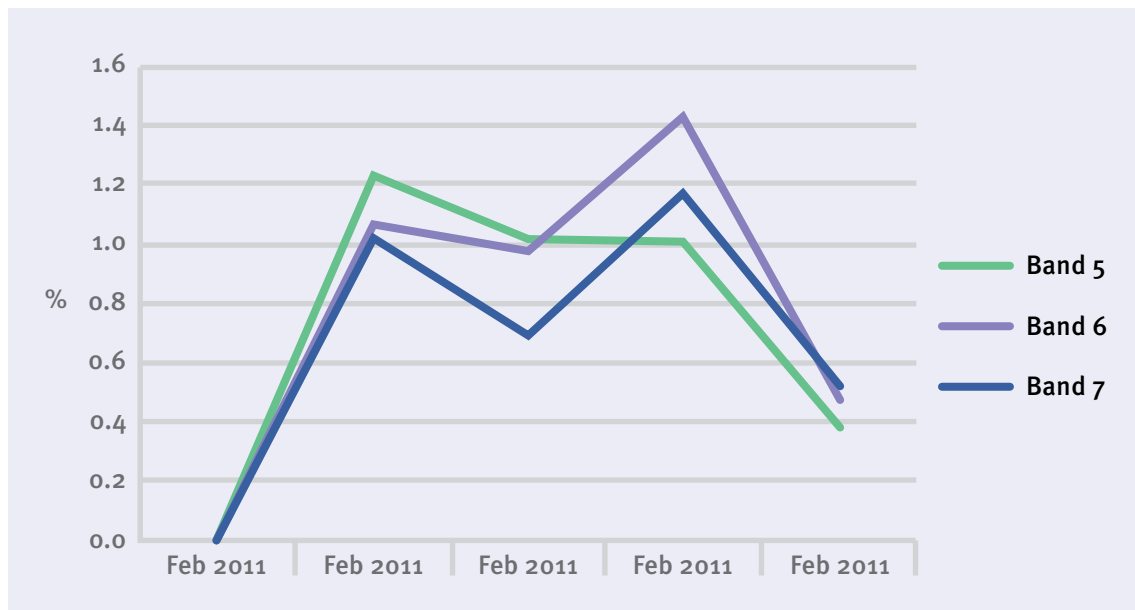


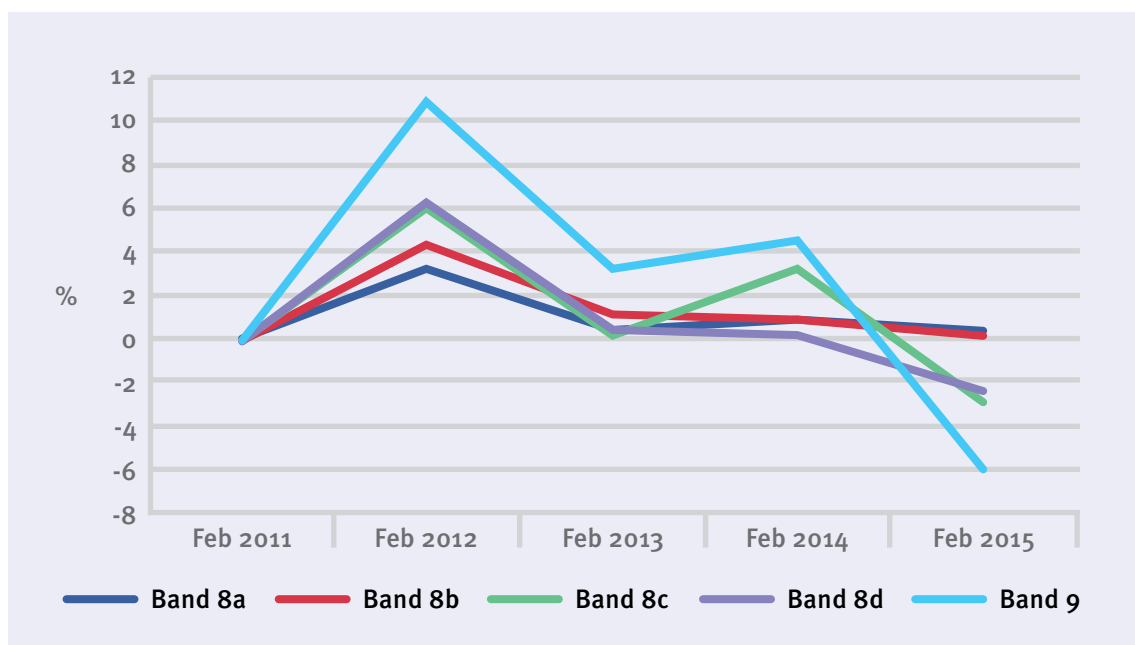
Figure 28 shows that nominal earnings (not taking into account inflation), rose between 2011 and 2015:

- Band 5: 3.7 per cent
- Band 6: 4 per cent
- Band 7: 3.4 per cent.

Figure 29 below shows that nominal earnings growth for nursing staff in higher bands was slightly stronger:

- Band 8a: 4.9 per cent
- Band 8b: 6.6 per cent
- Band 8c: 6.2 per cent
- Band 8d: 4 per cent
- Band 9: 12.1 per cent.

Figure 29: Nominal annual change in median annual earnings: qualified nursing, midwifery and health visiting staff Agenda for Change bands 8 and 9, England (2011-2015)



Figures 30 and 31 shows the change in median annual earnings between 2011 and 2015, showing that taking into account RPI inflation, qualified nursing, midwifery and health visiting staff all suffered a cumulative, real terms drop in earnings of:

- Band 5: -10.3 per cent
- Band 6: -9.9 per cent
- Band 7: -10.5 per cent
- Band 8a: -9.1 per cent
- Band 8b: -7.4 per cent
- Band 8c: -7.6 per cent
- Band 8d: -9.7 per cent
- Band 9: -6.3 per cent.

All charts show median annual earnings trend figures obtained from the Health and Social Care Information Centre, with growth adjusted for both RPI and CPI inflation. RPI is the preferred index for wage negotiators as it includes housing costs, unlike the CPI measure.

Figure 30: Real terms (CPI and RPI) annual change in median annual earnings: qualified nursing, midwifery and health visiting staff Agenda for Change bands 5-7, England (2011-2015)

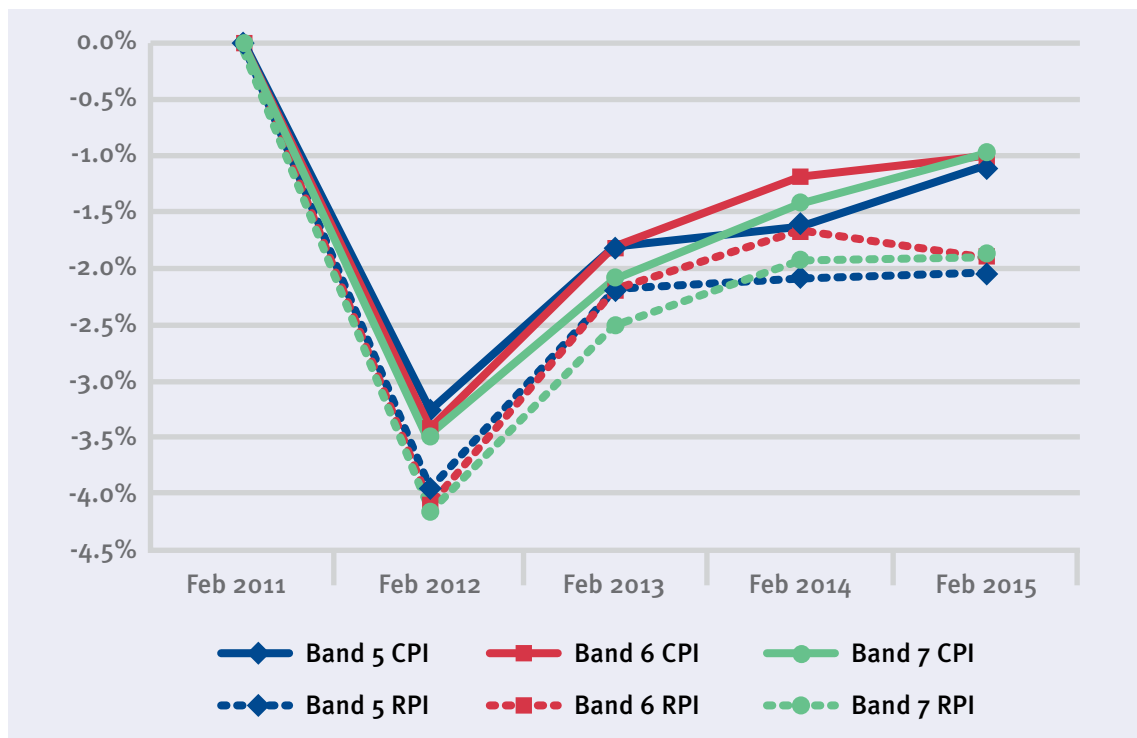


Figure 31: Real terms (CPI and RPI) annual change in median annual earnings: qualified nursing, midwifery and health visiting staff Agenda for Change bands 8a, 8b and 8c, England (2011-2015)

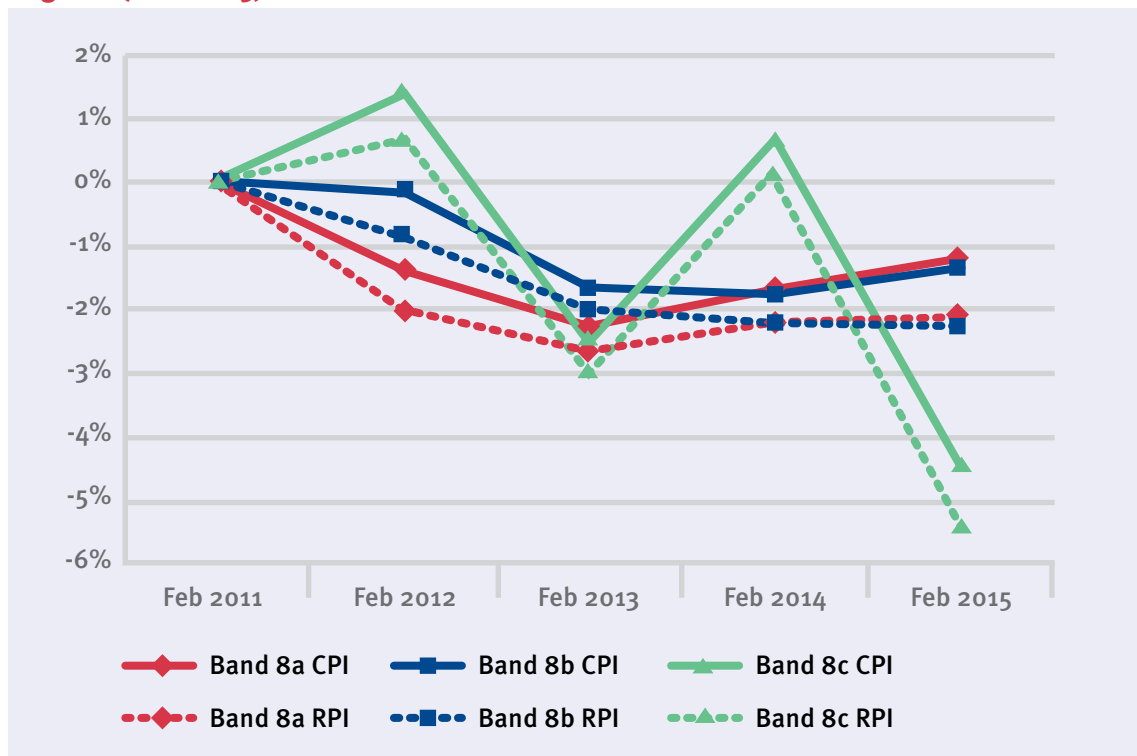


Figure 32: Real terms (CPI and RPI) annual change in median annual earnings: qualified nursing, midwifery and health visiting staff Agenda for Change bands 8d and 9, England (2011-2015)

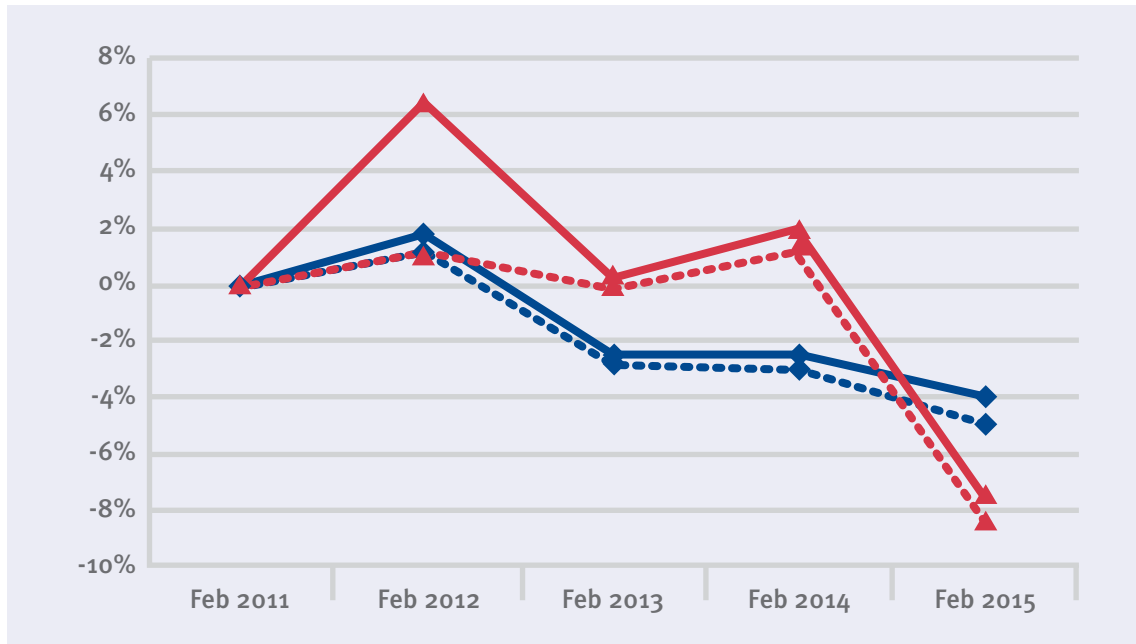


Figure 33: Nominal annual change in median annual earnings: Nursing assistants/auxiliaries and health care assistants, England (2011-2015)

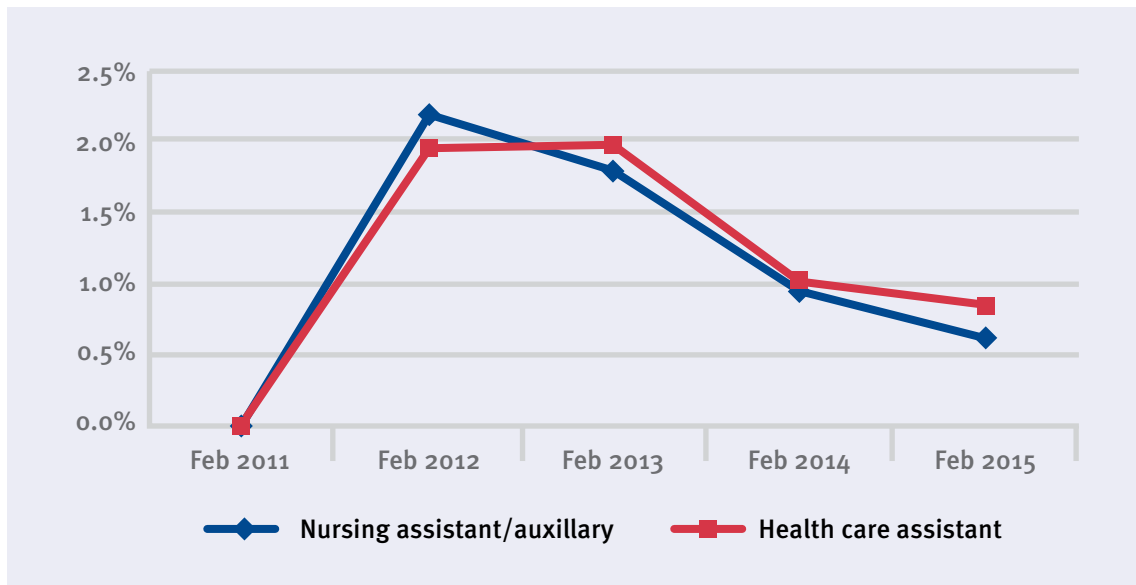
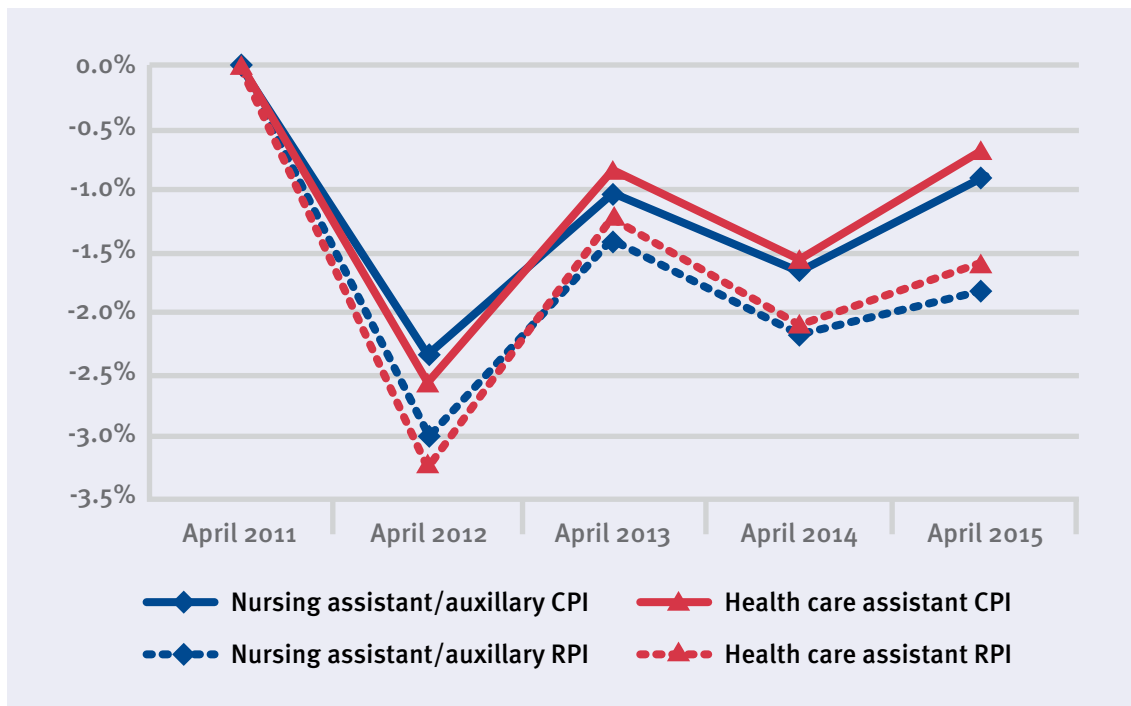


Figure 33 shows that in nominal terms, median annual earnings rose by 5.5 per cent and 5.7 per cent for nursing assistants/auxiliaries and for health care assistants respectively between 2011 and 2015.

Figure 34: Real terms (CPI and RPI) annual change in median annual earnings: Nursing assistants/auxiliaries and health care assistants, England (2011-2015)

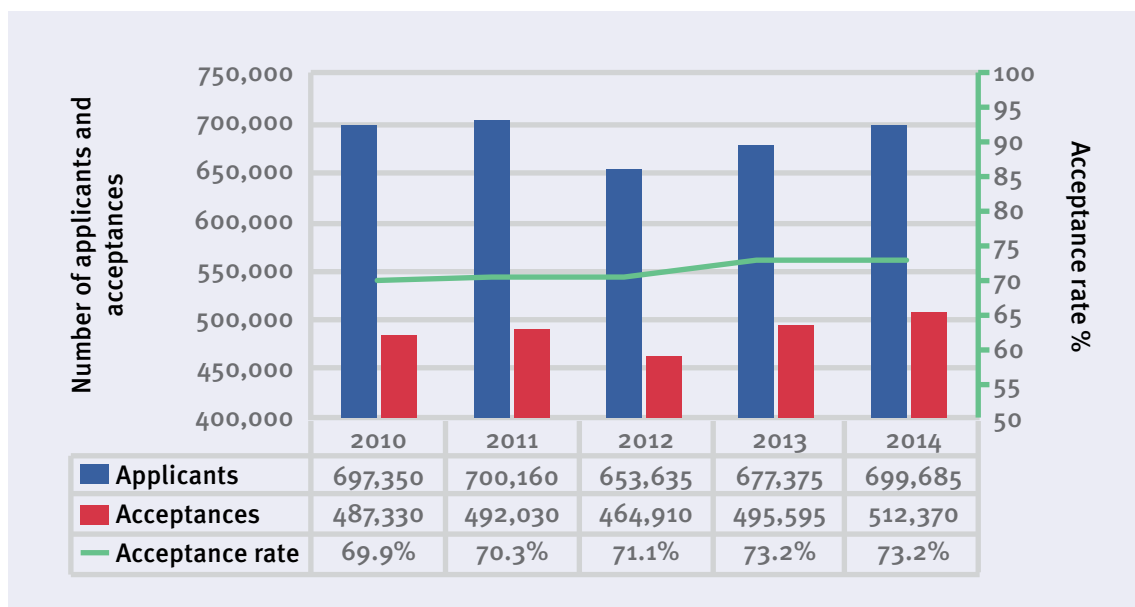


Between 2011 and 2015, nursing assistants/auxiliaries in England suffered a cumulative, real terms drop of 8.4 per cent while health care assistants saw an 8.2 per cent drop in median annual earnings using RPI as the inflation measure.

6. Nurse education

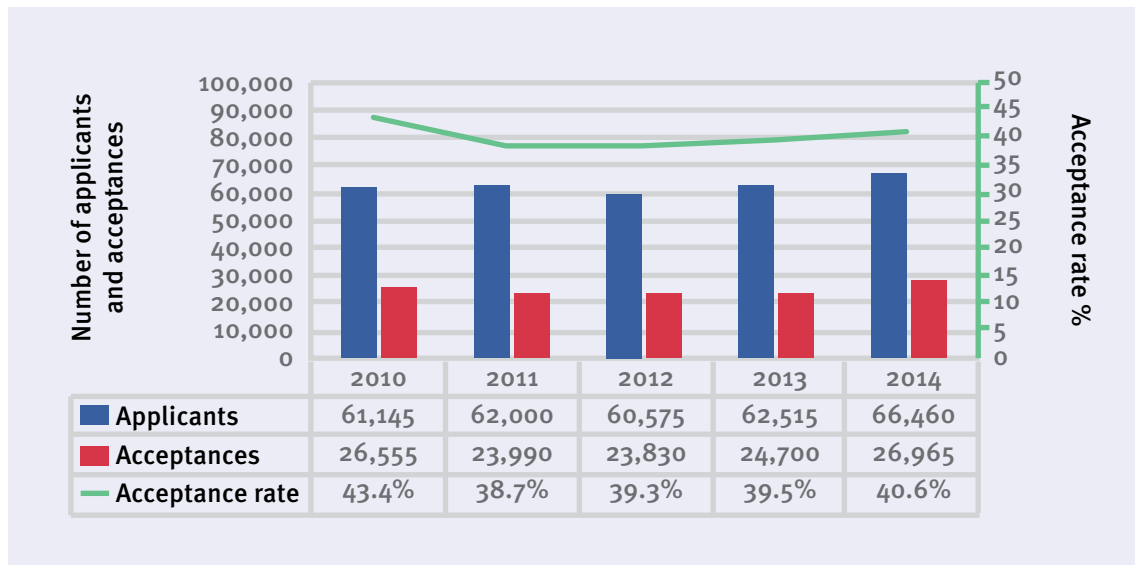
This section looks at data and trends regarding the number of commissioned student places as well as demand for and entry to nursing courses in higher education institutions (HEI). This gives a vital indication of the future supply of qualified nurses into the UK workforce. While figures for HEI entry are given for the UK, the number of places commissioned - which is the key determinant of future intake to education - is undertaken separately by each UK country.

Figure 35: Applicants for entry to all courses at higher education institutions in the UK (2010-14)



Source: UCAS Annual reference tables

Figure 36: Applicants for entry to nursing courses at higher education institutions in the UK (2010-14)

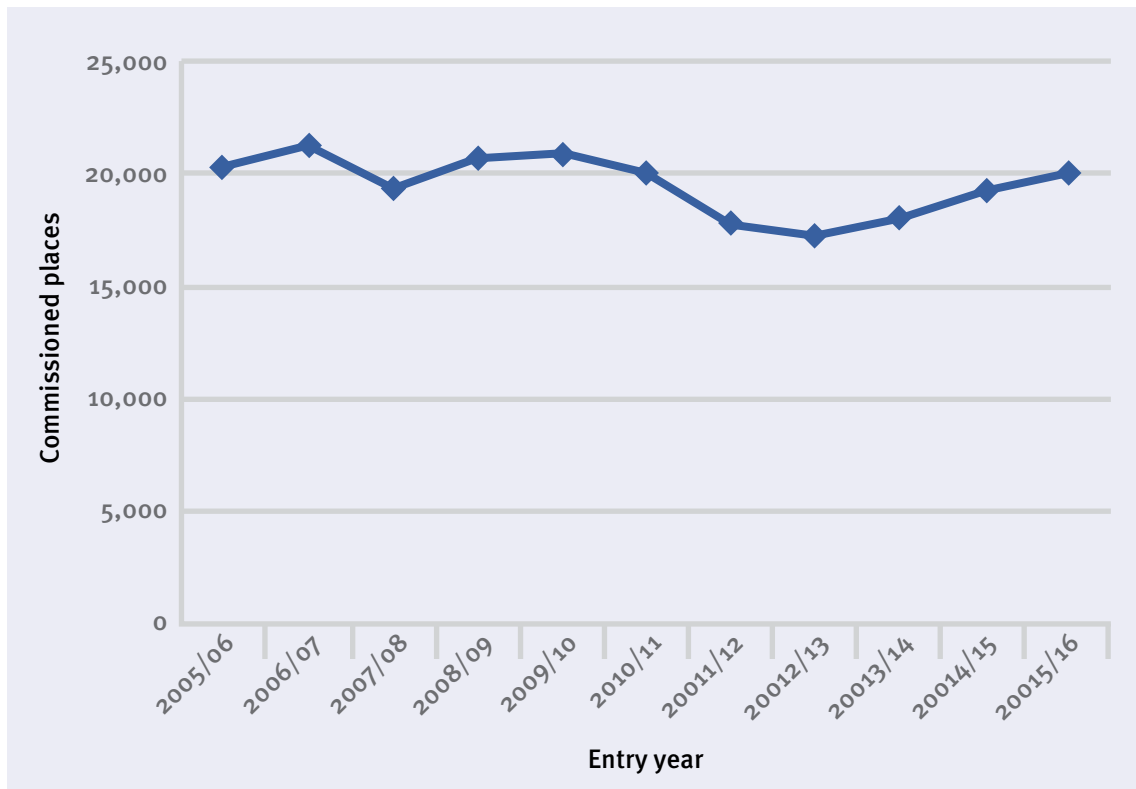


Source: UCAS Annual reference tables

Figure 35 looks at the number of applications and acceptances to all courses in UK higher education institutions between 2010 and 2014 and the relationship between the two figures, with the acceptance rate reaching 73 per cent in 2014.

Figure 36 looks at the number of applicants and acceptances for nursing courses between 2010 and 2014 and shows that the total number of applicants rose by 85 per cent while the number of acceptances rose by 26 per cent over the period. The acceptance rate has remained stable at around 40 per cent through this period.

Figure 37: England, number of nursing places commissioned (2005/6 to 2015/16)

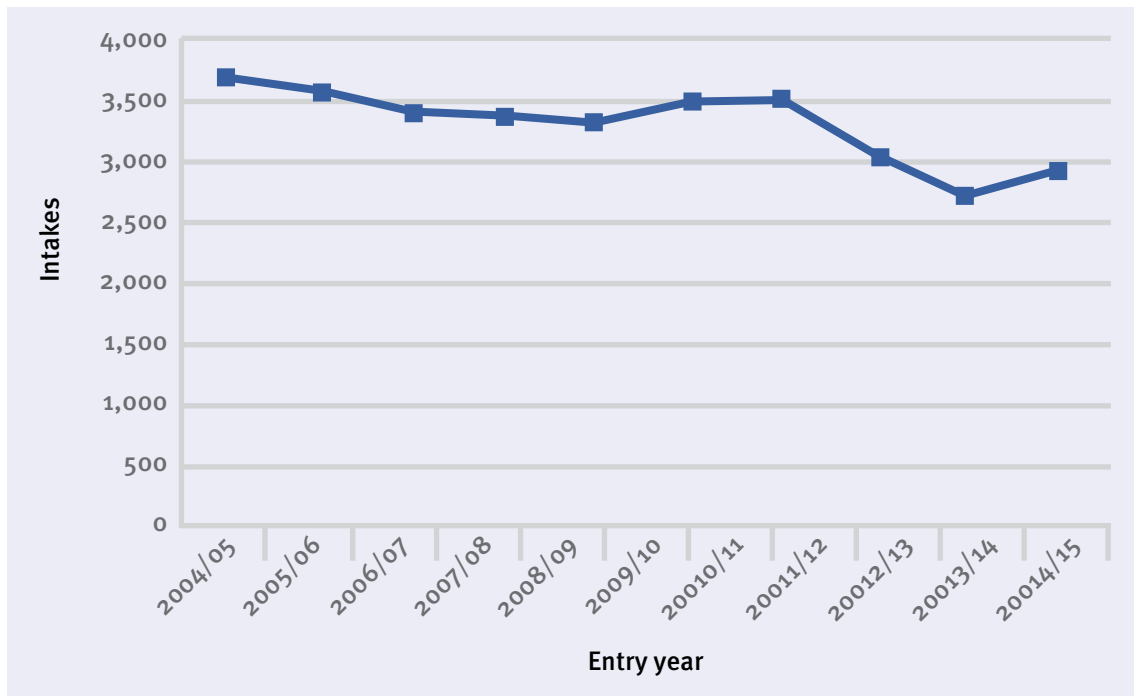


Sources: Parliamentary Question 29 November 2013 [179089] www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131129/text/131129w0002.htm

Health Education England *Draft Workforce Plan for England* <http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/Workforce-plan-interactive1.pdf>

Figure 37 shows that the numbers of student places commissioned in England have begun to rise again, after falling to 17,219 in 2012/13. There are 20,003 planned places for 2015/16 compared to 22,815 in 2003/4.

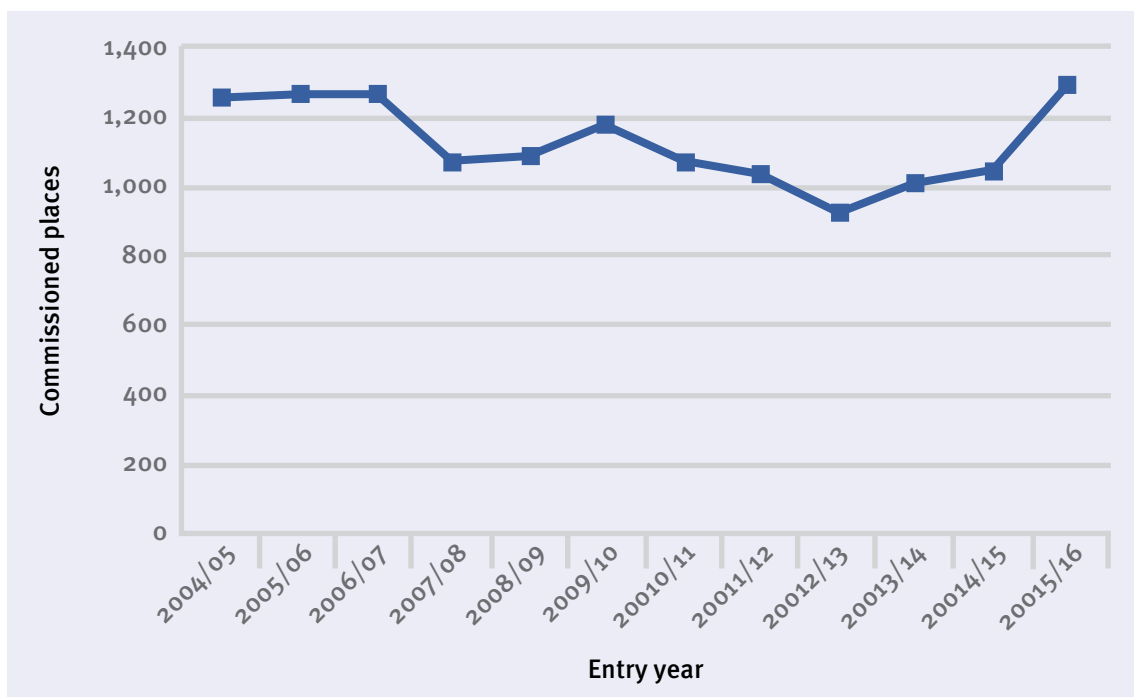
Figure 38: Scotland, nursing and midwifery student intakes (2003/04 to 2012/13)



Source: Information Services Division, Scotland

Figure 38 shows a fall of 27 per cent in student intake places in Scotland between 2004/5 and 2012/13, dropping from 3,698 to 2,713. At commissioned universities there was a 21 per cent drop in places between 2010/11 and 2012/13 from 3,060 to 2,430. Places have begun to gradually rise again since 2013/14. In 2014/15 2,698 places were planned.

Figure 39: Wales, number of nursing places commissioned, 2004/5 to 2014/5 and places planned for 2015/16



Source: Health and Social Services, Welsh Government

Figure 39 shows a fall of 35 per cent in commissioned places between 2003/4 and 2012/13 in Wales, dropping from 1,405 to 919. In 2015/16, there are 1,283 places planned, representing a 22 per cent increase from 2014/15.

Figure 40: Northern Ireland, number of nursing places commissioned, 2008/9 to 2014/15



Source: *A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015-2025)* www.nipec.hscni.net/workforceplan_NOTES.aspx

Figure 40 shows a fall of 20 per cent in the number of commissioned places in Northern Ireland between 2008/9 and 2014/15, dropping from 792 to 685. There is no planned increase to training places available in 2015/16.



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